The Relationship Between Acculturation and Mental Health Among Black Zimbabweans Living in New Zealand

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Acknowledgment

This thesis is a part of my expedition as an African Zimbabwean immigrant who, having reluctantly left Zimbabwe for greener pastures after securing a job with Air New Zealand as an Aircraft Engineer, I felt indebted to contribute to the literature on Zimbabwean migrants living in New Zealand. Knowing this in the context of Zimbabweans is important for a few reasons. First, although there has been research on other ethnic groups in regards to the relationship between acculturation and mental health in New Zealand, little research is available on black Zimbabweans. Hence this research may shed new light on the adjustment, acculturation, and mental health of the immigrants from Zimbabwe. Second, the process of developing an understanding of the acculturation profiles/pathways and linking them with the mental health profiles may uncover hitherto undiscovered contextual issues about Zimbabweans living in New Zealand, e.g., pre-migration, community involvement, employment experiences and financial stresses. In turn, a closer understanding of these issues may lead to new inquiries and add knowledge that can be used for developing strategies for immigrant health, and management of stressors. These were the impetus of conducting this as part of the Master degree thesis research. I would like to take this opportunity to thank and acknowledge all the people who supported me in numerous ways throughout this challenging and rewarding journey. This project would not have been possible without your support and generosity.

First and foremost, I would like to start acknowledging my study participants, the Zimbabwe community for taking time off their busy schedule to complete the survey and participate in the group interview. I would also like to extend my gratitude to the community leaders and the church leaders who gave me permission to work with the Zimbabwe community.

I would also like to take this opportunity to thank my thesis supervisors, Dr Arindam Basu and Annabel Ahuriri-Driscoll. Thank you for your unwavering support and the realistic, thoughtful way you always provided supervision. It was really a privilege to work with youth you both during my postgraduate studies through to this level.

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Abstract

The present study sought to explore the relationship between acculturation and mental health among Zimbabwe immigrants of African origin living in New Zealand. Acculturation has been shown to be linked directly with immigration outcomes, and also with different motives for migration. Having been born in Zimbabwe and being an ethnic black Zimbabwean who arrived in New Zealand on or after 2000 are the inclusion criteria. The participant should have attained the age of 18 years by the date they migrated. As part of consultation, key informant interviews with professional organizations and community elders were held.

Those willing to take part indicated by signing the consent form and returned a signed consent form together with a completed short demographic questionnaire. Participants who agreed to participate were also sent the survey questions. A second round of key informant interviews in the form of group interview was conducted from a list of people who participated in the study. A thematic analysis of group interview data was undertaken.

Acculturation was measured using a modified version of the Vancouver Index of Acculturation and the quality of life was measured separately using World Health Organization measuring tool WHOQoL-Bref. The participants seemed to have accultured and intergrated well. The survey results on acculturation indicated that as much as they maintained their culture, they also embraced the New Zealand culture. The Quality of life results showed that the participants were happy with their quality of life

The study highlighted possibilities for further investigation as there was no linkage between the two measuring instruments. The information from this research can be used by social service agencies and health professionals to help settle future migrant groups.

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Chapter 1

Introduction

1.1 Background

Dating back from the 1960s, there has been an increase in number of migrants from African and Asian countries to New Zealand. Migration has been in occurrence since the beginning of human existence and involves a major life change. In recent times, migration has been identified as a major factor for assisting in economic growth, and responding to the effects of an aging New Zealand population (Fletcher, 1999; Henderson, 2004). Pernice et al. (2000) pointed out that irrespective of the gains of immigration, there is need of reducing ill health and distress in migrants (Pernice et al., 2000).

There is a relationship between migration and health; migrants... (Miller et al., 2006) are faced with lack of social support, unemployment, discrimination and racism and these factors have been identified as predicating unfavorable adjustments among migrants. Migration can be a highly stressful experience that has a huge influence in migrants' well-being. Migration may also produce philosophical and psychological distress even among individuals that are well motivated and prepared for migration (Rumbaut, 1991).

Acculturation refers to a dual process of psychological and cultural change, which affects individuals and groups as a result of continuous, first-hand contact between a minority culture and a dominant culture. Acculturation in itself is considered

to have a relationship with immigrant mental health. Lee et al. (2004) wrote that acculturative stress and mental health were noted in previous studies. It has been observed that the process of migration and the stress of trying to adapt to the host nation's culture may lead to psychological distress. In order to improve an individual's overall health outcomes, their mental health needs should be addressed first as physical and mental health are interdependent. Mental health is an important predictor of both quality of life and physical health as for an individual to function effectively, they require good mental health (Herman et al., 2005).

1.2 Statement of the Problem

Zimbabwe, officially known as the Republic of Zimbabwe, is a landlocked country located in southern Africa. It is situated between the Limpopo and the Zambezi Rivers (Figure 1.3) and borders South Africa to the south, Botswana to the west, Zambia to the northwest, and Mozambique to the east . The capital city of Zimbabwe is Harare and it is also the largest city. Its population is roughly 13 million people and has 16 official languages with Shona and Ndebele being the most commonly used.

1.2.1 Migrants from Zimbabwe in New Zealand

Almost all (99.7%) of the Zimbabwean population is of African origin, and less than 1% is of European, Asiatic and mixed origin (Zimbabwe Statistics, 2012). The 2012 Zimbabwe census indicated that from the population of 13,061239 the majority of 12,980,020 were black Zimbabweans. Only 28,732 were white Zimbabweans of European ancestry and 10,155 being Asiatic population.The mixed race was at 17 923 (Statistics, 2012). About 3.4 million, a quarter of the total population, have migrated over a period of 10 years, with one to three million having crossed the border to South Africa.

The Zimbabwe ethnic group in New Zealand is comprised of 1,614 people as of the 2013 census. This was a decrease of 36.9% per cent compared to the 2006 census when the population was more than 2,500 (Zealand, 2013). Statistics indicated that

Table 1.8: Total Population by Broad Age Groups and Ethnicity, Zimbabwe 2012 Census

	Age Group					
Ethnic Origin	**0 - 14**	**15 - 49**	**50-64**	**65+**	**Not Stated**	**Total**
African	5351019	6239820	848450	522376	18355	12980020
European	4452	10994	6424	6521	341	28732
Asiatic	1857	5330	1865	977	126	10155
Mixed Race	5375	8745	2469	1300	34	17923
Other	222	524	197	134	7	1084
Not Stated	9356	4263	510	396	8800	23325
Total	**5372281**	**6269676**	**859915**	**531704**	**27663**	**13061239**

Figure 1.1: Zimbabwe Census 2012, a publicly available document, URL: http://www.zimstat.co.zw/sites/default/files/img/National Report.pdf

81.4% live in the North Island and 18.6% in the South Island. Most Zimbabweans who came to New Zealand after 2004 came under the skilled migrant policy. Those who came before 2004 were fleeing persecution from the government and economic meltdown. Most were white farmers who had their farms seized by government militias and sought refuge in South Africa before migrating to New Zealand.

The exodus of Zimbabweans to New Zealand and other countries began around the year 2000. The first migrants departed when the political and economic situation in Zimbabwe was deteriorating. Kunz (1973) identifies these types of migrants as anticipatory refugees; finding their situation intolerable, push rather than pull factors were more significant. Although they had qualifications that would see them employed, leaving a country that is intolerable for a country of the unknown is likely to have been highly stressful for Zimbabweans who migrated between 2000 and 2004. This might be quite a different situation to Zimbabweans who emigrated post 2004, having prepared for the journey and being largely influenced by pull factors.

Some black Zimbabweans had qualifications and university degrees but it was difficult for them to find jobs that matched their skills, and so many resorted to working on farms. The white farmers also found it difficult to get non-farm jobs due to lack of formal qualifications (Walrond, 2006). As they were trying to acculturate to a new environment, they went through a stressful period as they also did not qualify to apply for permanent residence. Most of them had lost farms and houses where they used to employ domestic workers. There was a complete change in their social life as back home they had close knit family relationships. On humanitarian grounds,

this prompted the New Zealand government to introduce the Special Zimbabwe Residence Policy, which was also exempt from the requirement of an acceptable health standards.

The current study suggests that there is a need for further investigation into how migrants from Zimbabwe are adjusting to New Zealand and what they have added to their experience. This may assist in identifying areas of vulnerability and resilience in the adjustment process (Lee et al., 2004)

1.2.2 Research Questions

What is the Relationship between Acculturation and Mental Health among Black Zimbabwean migrants in New Zealand?

Arising Questions

- Does a higher degree of acculturation lead to better mental health outcomes among black Zimbabweans living in New Zealand?
- What push/pull factors motivated black Zimbabwean migrants to move to New Zealand? What is the acculturation experience of black Zimbabwean migrants?
- How well have black Zimbabwean migrants acculturated to life in New Zealand?
- What have been some of the acculturation difficulties experienced? How do black Zimbabwean migrants describe or rate their mental health status?
- To what extent do they perceive migration and acculturation as impacting on their mental health?
- What strategies have black Zimbabwean migrants used in order to cope and acculturate in the new environment?

1.3 Goals and Objectives

The main objective of this research is to measure the mental health status and acculturation level of black Zimbabwean migrants living in New Zealand. Although there has been research on other ethnic groups in regards to the relationship between acculturation and mental health in New Zealand, there seems to be no research on black Zimbabweans specifically. The research allows the exploration of both personal and shared experiences within the black Zimbabwean community. Their acculturation pathways will highlight important issues about Zimbabweans living in New Zealand including contextual issues such as pre-migration, community involvement, employment experiences and financial stresses. According to the Social Development (2006), the government plays an important role in the settlement of migrants through policies and initiatives to improve inter-cultural relationships (Social Development, 2006).

The concept of applying both quantitative and qualitative methodology is that it will reveal the different phases of psychological well-being of the participants through the survey and the group interview. When Black Zimbabweans came to settle in New Zealand they faced a lot of problems. It was not clear and it is still not clear as to how much of that was due to their problems in adjustment to the culture of New Zealand, and how much of that was because of their mental health issues. The study is to investigate if their is a linkage between mental health status and acculturation experiences of these migrants to New Zealand.

The research findings will assist government agencies involved in migrant settlement to design suitable resources in support of them during migration/acculturation. Both the Migrant Center and Christchurch Resettlement Center in Christchurch are such examples that will benefit from this research as they run networks for new migrants by providing information and referring them to relevant institutions. The Centers also supports new migrants in the community through home visits, which include mental health support.

1.4 Summary of Chapters

Chapter 1 (The Introduction) provides the abstract; the basic background to the research; research questions; goals and objectives as well as the research methods.

Chapter 2 (Literature Review) reviews relevant literature and reviews of previous research centered on factors that motivate African migration to other countries in the world and New Zealand in particular; stressors faced and their adjustment strategies.

Chapter 3 (Population and Methods) describes the research methodology; the methods and instruments utilized to collect and analyze data as well as the eligibility criteria of the participants in both the survey and the group interview.

Chapter 4 and 5 (Results) presents the result of the cross sectional survey and the group interview separately a these were two different methods of inquiry.

Chapter 6 (Discussion) includes the summary of the key finding, discussion on the findings, the study limitations and recommendations for further study.

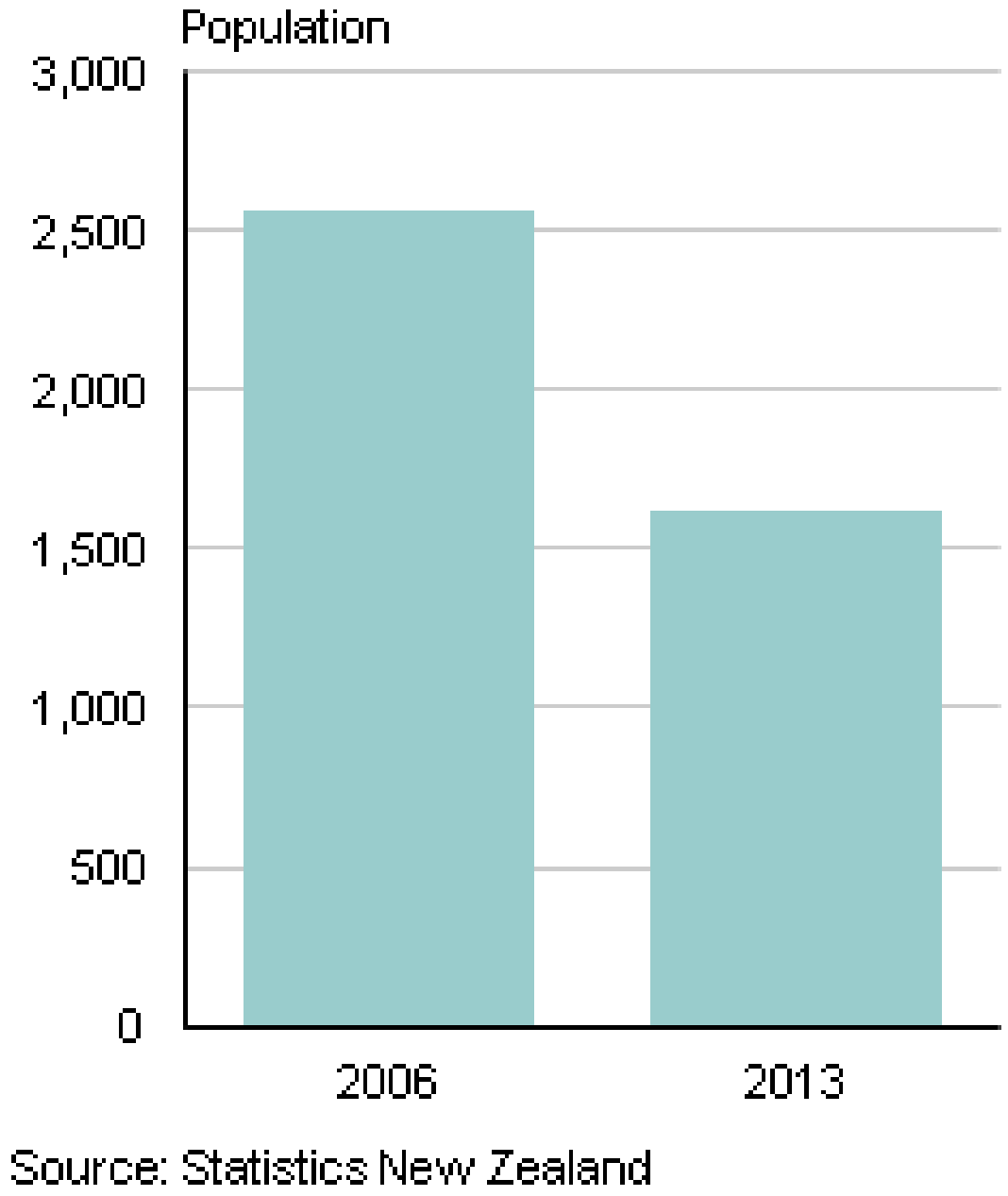

Figure 1.2: Zimbabwe Ethnic Group in NZ, in public domain, source: http://www.stats.govt.nz/Census/2013-census/profile-and-summary-reports/ethnic-profiles.aspx?request value 24702&tabname Populationandgeography

Figure 1.3: Map of Zimbabwe, in public domain, source: http://www.worldatlas.com/webimage/countrys/africa/zw.htm

Chapter 2

Review of the Literature

2.1 Migration

Africa is the birthplace of humanity, and as such, has been a principal source of human migration over the past 60 - 70,000 years (Source: National Geographic Source of Human Journey). According to Dinesh Bhugra (2004), migration is believed to have started from the beginning of human existence (Bhugra, 2004). In the New Zealand context, Walrond wrote the account of the first black African (country of origin unknown) to arrive in New Zealand. According to Walrond, he was a worker in Captain James Cooks second voyage, but was slain by the indigenous people in 1773 (Walrond, 2006). Before the 1990s, opportunities for black Africans to settle in New Zealand were few as the migration policy of that period favored people from the United Kingdom (Sang and Ward, 2006). Over the years there was an influx of immigrants from the Pacific Islands and by the end of December 2004, the number of permanent and long term residents living in New Zealand had increased to 80 480. This figure included many immigrants from Africa, individuals and families from a variety of cultures and ethnicity . During the 1980s and 1990s, most of the black African individuals who arrived in New Zealand came on humanitarian grounds under the United Nations High Commissioner for Refugees (Services, 2004). New Zealand was one of the first countries to accept people under the medical-disabled category. Most of the early migrants who came from Africa were from war torn countries in east Africa. There was an influx of African migrants between 2000-

2004 mostly from Zimbabwe and South Africa who were escaping from economic meltdown and political instability (Phillips, 2007).

According to Shorland (2006), indications of successful immigrants are when they settle down and remain in the country after acquiring permanent residence. However this process of settling down is not uniform among immigrants and can vary depending on motives for and duration of stay after migration. Motivations identified range across the political, economic, social and cultural, but the most common are pull factors such as better economic opportunities, living conditions and further education(Bhugra, 2003). In contrast, push factors such as man-made and natural disasters, famine and poverty are more likely to influence the involuntary migration decisions of refugees (Hernndez-Plaza et al., 2010). Migrants may be classified as long or short term based on whether they have resided in the new country for more or less than a year and by their motive for migration, whether it is voluntary or forced (Bhugra, 2003).

Migration involves a major transition in ones life, one that can be characterized by a number of challenges and stressors (Spector, 2002). The cultural transition of acculturation is a process that is unique for each immigrant group and is dependent on the cultural characteristics of immigrants as well as those of their host countries (Berry, 2003, p 229). There are marked differences between refugees and immigrants and their acculturation outcomes. Refugees are displaced due to war, political persecution or civil unrest, have no choice of which country they are moving to and at times may be separated from their families (Social Development, 2006).

A refugee is defined as:

> "any person who, owing to a well-founded fear of being persecuted for any reason of race, religion, nationality, membership of a particular social group or political opinion is outside the country of his/her nationality and is unable, or owing to such fear is unwilling to avail themselves of the prosecution of that country" (Nation, 1951).

Refugees have no choice when leaving their country of origin as they do so in response to a life threatening crisis. Refugees are usually traumatized and will arrive in the host country ill prepared. As for migrants, they have a choice as to where they

move to, and in most cases, will not be traumatized as they have time to prepare emotionally for the journey (MoH, 2012).

These challenges encountered by immigrants may impact differently on their health, which is defined by the WHO (1948) as:

> "*a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity*"

The World Health Organization has included mental well-being into this definition.The basic conditions for health include shelter, peace, food and a stable ecosystem (Europe, 1999). These basic necessities might be compromised in the home countries of refugees; thus refugees often arrive in a new country suffering from poor mental or physical health (Adepoju, 2004). Health in itself is not an objective of living but a resource of everyday life. Thus, suffering poorer health from the outset is likely to impact upon the acculturation experiences, capacities and outcomes of refugees, further perpetuating negative health outcomes (Seedhouse, 2004). Furthermore, the stresses and challenges involved in migration and acculturation can give rise to anxiety, depression and other mental health issues (Bhugra, 2004).

Knipscheer and Kleber (2007) stated that little is known about how the process of migration from a developing to a developed country could affect the mental health of migrants. Research in this area has been largely conducted on Asian and African American individuals Crane et al. (2005) and has produced mixed results. A New Zealand-based study of Asian refugees identified that post migration variables such as social isolation, unemployment, discrimination and poor accommodation are significantly associated with mental health (Pernice and Brook, 1996).

A lot of effort has been put by researchers in an attempt to have an understanding of why people migrate (Adepoju, 2004). Some factors that have been identified as motivation to migrate are economic, social, political and cultural factors. Some people migrate in order to further their education (Bhugra, 2004). Lee (1966) stated that in order to understand the reason or motivation to migrate, the push and pull factors are commonly used. The pull factor gives the immigrants the hope of a new bright future that includes professional development, educational advancement and promise of freedom from oppression and political instability. Social and polit-

ical instability, lack of employment opportunities and lack of skill utilization were identified as the push factors

Most migrants from Africa who migrate for economic reasons have identified lack of food, land and employment as the reason for their migration. Social cultural factors such as family reunion also play a major role in determining their destination (Dzvimbo, 2003) . In addition, highly skilled workers have been attracted by some countries' selective policies. The other reasons for migration from Africa are compounded by political instability and insecurity which will lead to deterioration in human rights, lack of professional development and civil wars. There will be lack of opportunities to develop or utilize their skills (Bhugra, 2004). Some researchers have identified natural disasters, impact of war and gender oppression as other reasons for migration (Makina, 2007; Maydell-Stevens et al., 2007).

2.2 Migration of people to New Zealand

In the context of New Zealand, the term immigrant is applied to people who were born overseas and came to New Zealand under the immigration programme which comprises skilled, business, family reunion, students and humanitarian categories. Migrants intend to settle permanently and are motivated by the desire to change their surroundings or the desire for economic stability. Migration as indicated above, may be influenced by push and/or pull factors (Hernndez-Plaza et al., 2010).

Phillips (2007) stated that in the past most immigrants migrated to escape the difficulties behind them or were lured by promises of a better future. Migration in the 19th century was characterized by predominantly European settlers coming to New Zealand to forge new lives and livelihoods. The signing of the Treaty of Waitangi in 1840 made large-scale migration possible. This document can be viewed as NZs first immigration document Ward and Masgoret (2008). An increase in skilled migrant numbers was observed in the 20th century, driven by labor shortages and changes in immigration policies in the late 1980s Winkelmann (2001). These changes were made to attract people who would be of benefit to the New Zealand economy. Initially the largest number of skilled immigrants were from India and China and as

early as the 1990s there was an increase in a number of African immigrants, most of them under the skilled migrant category (Walrond, 2006).

In the 19th century, there were some cultural and economic reasons that played a pivotal role in regards to be allowed to migrate to New Zealand. Individuals encouraged to migrate were expected to adapt easily to the life in New Zealand and for this goal to be achieved a restrictive act (1899 Immigration Restrictive act) was put in place. This act required that those who intended to settle in New Zealand to have a command of the English language. This Act discouraged people from migrating to New Zealand until an amendment Act (1926) which was open to people not born in Britain (Nayar, 2005). This policy encouraged many people to migrate and by 1971 New Zealand's foreign-born population had doubled to 30% compared to 20 years before and were from countries outside the British countries (Phillips, 2007). When comparing European Union and Australian citizens' attitude towards the immigrants, New Zealanders had a positive attitude toward them. They also had a positive attitude towards a multicultural society that was made up of different cultures, races and religions (Ward and Masgoret, 2008).

Some mmigrants left for other countries or back to their countries due to unsuccessful adaption, New Zealand policy makers should focus on selecting, attracting as well as retaining the migrants (Bürgelt et al., 2008). The departure of these immigrants had an impact on the New Zealand economy as well as the health and well-being of the immigrants. The Zimbabwean individuals migration experiences will differ significantly in relation to differing motives and choices to migrate.

2.3 Acculturation

Acculturation is perceived as a progressive adoption of a foreign culture in terms of values, ideas, norms and behavior (Berry, 2006). Acculturation can also be described as a process where an individual will negotiate two or more cultures (Yeh, 2003). According to Berry (2003), acculturation involves changes in an individuals thinking patterns, social activities and behaviour. It is a process whereby immigrants change their behavior and attitudes toward those of the host society. It is a

fundamental part of migration-induced adaptations to new socio-cultural environments.

Rogler et al. (1991) wrote that acculturation has accompanied the growth of international migrations. Researchers have used a range of acculturation measures, with some using one or two proxy indicators including birthplace, language proficiency and length of residence (Jurkowski et al., 2010; Mainous et al., 2008). Acculturation is a complex phenomenon and involves multiple areas such as identity, values, attitudes and behaviours. These multiple areas could be a problem as they can go beyond the proxy indicators (Chun et al., 2011). In order to understand the relationship between acculturation and mental health and to ascertain if higher degrees of acculturation is associated with better mental health outcomes, a multidimensional model of acculturation was used in this study. Many people have experienced mental problems at some stage in their life, which can be experienced as part of our daily lives through to long term conditions. Mental health issues refer to all mental disorders which are characterized by changes in moods, behaviors and thinking (of Health et al., 2001)

Acculturation may be termed or defined as adjustment of the new entrant in the country ("immigrant") and as adjusting to the norms and ways of the host country. Berry (2003) defined acculturation as the:

> "*dual process of cultural and psychological change that takes place as a result of contact between two or more cultural groups and their individual members*" (Berry, 2003).

Acculturation changes an individual's behavioural repertoire and these psychological and cultural changes are a result of a long term process which can take even years. The cultural and psychological changes come about due to a number of reasons which includes migration, colonization, sojourning as well as military invasion. The cultural changes may continue long after the initial contact and takes various forms among the contact groups. There are different ways in which people choose to go about their acculturation experiences and the degree to which they satisfactorily achieve adaption. These are usually termed strategies of acculturation (Berry, 2005).

Acculturation is a continuous process that brings cultural change between two or

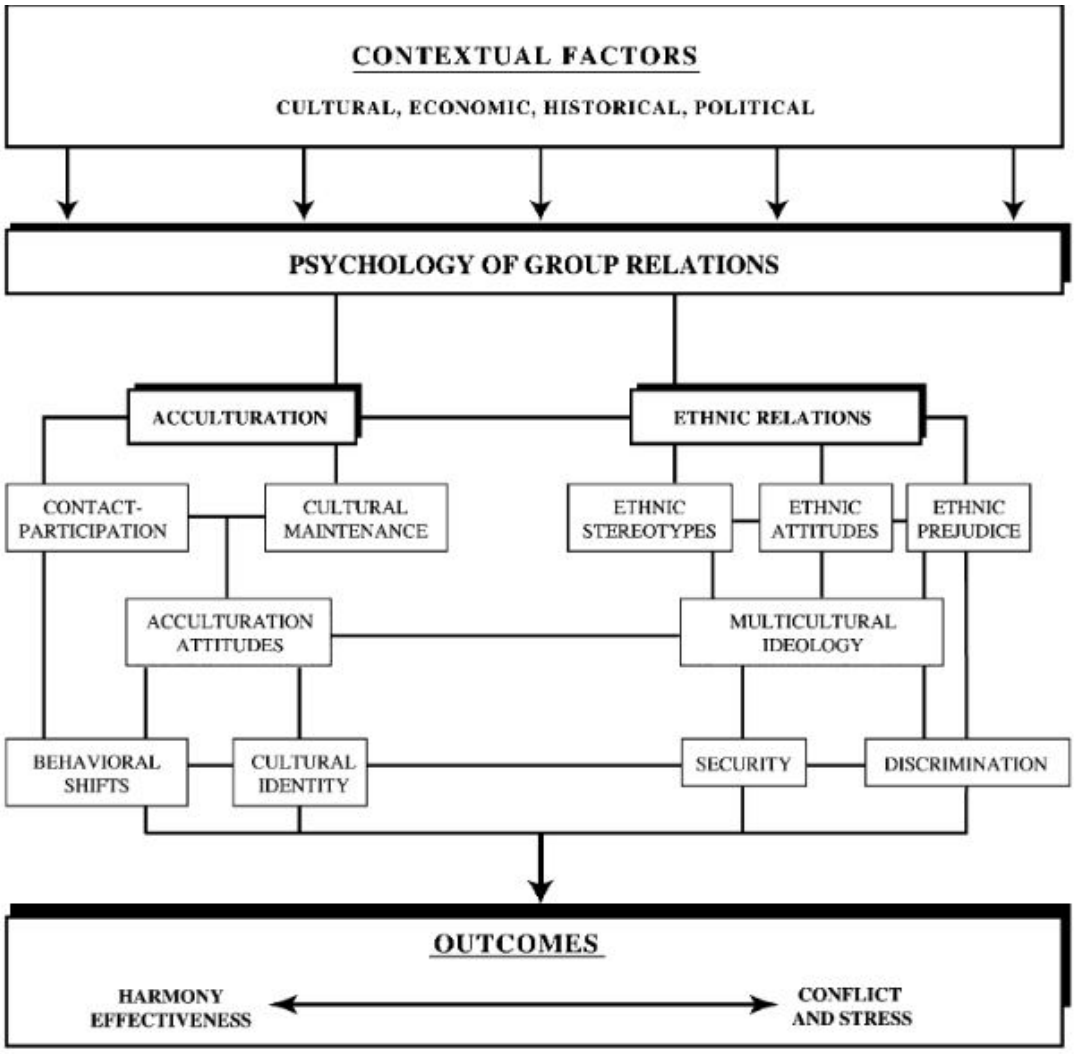

Figure 2.1: Psychology of group relations: contexts, processes and outcomes

more cultures. The end stage of acculturation may be refereed to as an adaptive process or adaption (Adler and Gielen, 2003). It has been viewed as having a direct link with immigration outcomes. It is perceived as one aspect of the wide notion of cultural change. Acculturation is considered as being mutual and is distinguished from assimilation as it can bring change to both groups rather than only the minority group (Berry, 2006). Theorists have suggested that acculturation facilitates daily social interactions, conversely increasing stress and conflicts among the immigrants (Koneru et al., 2007). While Berry (2003) agrees that the process of acculturation results in changes to migrants beliefs, values and behaviours, the whole process has a direct link with the immigrants outcomes such as well-being and sociocultural outcomes. As immigrants acquire culturally appropriate skills as part of their adaptation to the new environment, they may also undergo psychological changes as well

as culture, customs, and social institutions (Hernndez-Plaza et al., 2010).

Acculturation is a difficult notion to define as it is concerned with culture, which includes visible artifacts, behaviors and less tangible but fundamental beliefs, attitudes and values.Matsumoto (2006); Rudmin (2007) states that no one knows the entirety of their own culture, and yet, acculturation encompasses all of these phenomena. Acculturation is also complex, dynamic and fluid, involving two or potentially more cultures. Language and behavior will change frequently to fit new social contexts, leaving migrants in a perpetual state of change as they try to negotiate their new environment (Yeh et al., 2005).Nguyen (1984) stated that acculturation requires parallel learning opportunities as it involves re-orientation of an individual's attitude, behaviour and beliefs. These changes in one's life will result in immigrants being obligated to two cultures due to their sense of belonging and at the same time accepting to live and interact with the host culture. The changes caused by acculturation occurs at multiple levels (to behaviors, values, social activities and thinking patterns) and this process can be stressful and may result in acculturative stress.

Acculturative stress relates to an individuals transition and adaption to a new environment and may reduce the adjustment and well-being of an individual. Stress may be associated with difficulties in finding employment, lack of social support and non-acceptance by the host culture. However, the impact of social, psychological and physical acculturative stresses on health status may be moderated by a number of factors as well as the mode of acculturation (Yeh, 2003; Ying and Han, 2006).

2.4 Spectrum of Acculturation

Acculturation may be uni-dimensional, referring to fully adoption of the host culture, or bi-dimensional where the migrant maintains their own culture at the same time adapting to the hosts culture. Extent of acculturation can be measured across a number of dimensions, including changes to values, cultural identity, language and norms. The reason for migrating, the resources at hand and the reception of the hosts are other variables that can be assessed (Miller et al., 2006). It is assumed

that immigrants have an option to choose how to adapt in the mainstream society and which strategy they prefer to follow during the acculturation process. Berry (1997) stated that it is up to the immigrants who settle in a new country whether to maintain the norms and values of their own heritage culture or to be fully engaged in the cultural values of the host.

The acculturation processes can best be described by two models of acculturation. The uni-dimensional model is the first model and describes acculturation as a process of moving from one's cultural identity to the mainstream cultural identity overtime (Golden, 1964; Kang, 2006). This model, also known as bipolar or assimilation model is considered valuable due to its simplicity (Nguyen and von Eye, 2002). The uni-dimensional model is often criticized as it does not allow the minority group to hold full blown bi-cultural identity (Kang, 2006). The second model is the bi- dimensional model of acculturation which holds two separate dimensions of the acculturation process. This model highlight two distinct dimensions of the acculturation process: (1) adapting to the host country's culture and (2) Maintenance of heritage culture (Berry, 1980; Flannery et al., 2001).

Douglas (1986) distinguished four stages of acculturation where individuals may experience changes in their self identity, world view , communication, system of thinking and preference of languages. Language should be noted as the most available expression of culture that is visible . During the first stages of acculturation, the individual is faced with excitement and euphoria. The second stage that emerges is culture shock. This is usually due to the ineffectiveness of communication during the first stages of acculturation. The third stage is when an individual will be confronted with thoughts of either accepting or rejecting the behaviours that are influenced by the new culture. According to Douglas, the last stage may either end up in assimilation which is considered a consequence of adaption.

Other theorists have also developed different models of acculturation.Keefe and Padilla (1987) developed an approach that was contrary to the above model and was based on two dimensions:

1. Cultural awareness which relates to an individual's wide knowledge of the host culture. An individual is better accultured if they have a better understanding

of the dominant culture

2. Ethnic minority is when an individual identifies and involves themselves in their own ethnic culture. This model was criticized by other researchers as they believed that some cultural traits may disappear while others may persist due to the fact that the changes in the cultural traits may vary (Glazer and Gordon, 1964). It was also noted that since ethnic loyalty is believed to be self identification and one's involvement in their own culture, there maybe some implications that the individual may identify themselves with their own cultural group but may also adapt other cultures.

There is also an assumption that immigrants who settle in a new country can choose which strategy or how they wish to adapt to the host society throughout the process of acculturation. They have the right to decide if they want to be involved in the values of the host culture or maintain their heritage culture (Berry, 1997). Berry then developed a psychological model of acculturation (fig 2.2) which suggested four strategies of acculturation:

1. Integration
2. Assimilation
3. Separation
4. Marginalization

Questions regarding these strategies are supposed to influence the individual's acculturation preferences through negative or positive responses.

Integration is when an individual prefers to maintain their own cultural values simultaneously participating in the host's culture. At this stage the hosts should show a positive attitude towards the immigrants and tolerance should exist Berry and Kalin (1995)

Assimilation refers to an immigrant who abandons their own cultural values and chooses to be solely identified with the dominant culture

Separation is occurs when an immigrant prefers to maintain their own cultural identity simultaneously avoiding to be identified with the cultural norms of

the host country. They maintain strong social contacts with their own ethnic group and use their language in their daily conversation.

Marginalization strategy reflects feelings of confusion, alienation and loss of identity. The minority group rejects their heritage culture at the same time not seeking contact with the hosts. Berry (1997) defined this strategy as the least positive and least successful acculturation orientation.

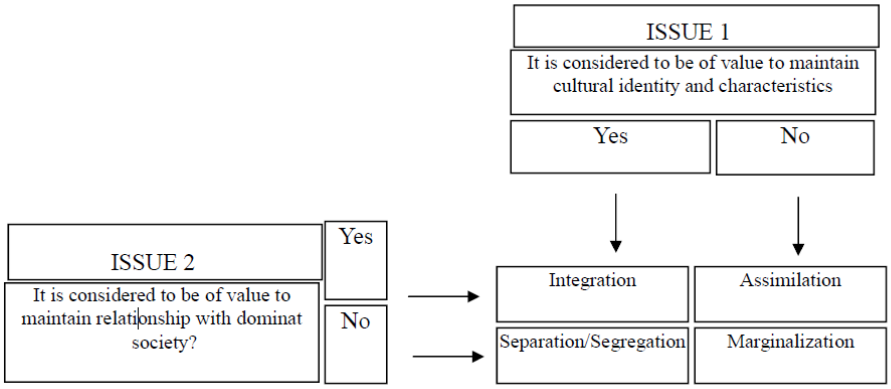

Figure 2.2: A conceptual diagram of assimilation

The impact of acculturation on mental health is likely to differ according to these dimensions and strategies, and with each individuals approach i.e. the extent to which individuals retain the supportive or health-promoting aspects of their heritage culture, or the extent to which individuals fit in with the new host culture. There are potential mental health benefits to both parties concerned (Berry, 2003).Berry (2003). The differences in the impact of acculturation and mental health can be determined by the ways acculturation is measured.

2.4.1 Measuring acculturation.

According to Berrry's model of acculturation, there are two independent dimensions: intercultural contact and cultural maintenance (Berry, 2003). Schwartz et al. (2010) stated that most studies on mental health of immigrants rely on the un-idimesional scale for acculturation measures. The other sole variable that can be used when measuring acculturation is the length of residence in the host country which Vega

and Amaro (1994) identified as being problematic. Ryder et al. (2000) also stated that:

> "the measurement of acculturation distinguishes the acquisition of the new (host) cultural tendencies from the loss of old (heritage) cultural tendencies."

By moving from one culture to another, individuals lose many aspects of self identity which is modified in order to accommodate cultures and values of the hosts. However by using the length of residence as a sole variable to measure acculturation, it may then mean that greater degrees of acculturation will result in longer period of residence in the host cultural society. This does not give the idea of how many degrees of inter-cultural contact nor cultural maintenance. In this case the question remains weather the immigration puzzle can be explained by the maintenance of the heritage culture or the acquisition of the host culture (Schwartz et al., 2010).

Paulhus designed Vancouver Index of Acculturation which is a 20 item measure of acculturation which distinguishes the acquisition of the host culture from the loss of the heritage culture (Ryder et al., 2000). It is noted that the Vancouver Index of Acculturation's advantage is not the better items but that it has a wider coverage of the cultural domains. A validated Vancouver Index of Acculturation instrument was used in this study.

2.5 Mental Health Among Immigrants

In order to have a better understand of the predictors and the prevalence of mental health issues among immigrants, research has been undertaken in recent years. Furnham et al. (1986) stated that migration experience can negatively influence mental health issues among immigrants. When compared to non migrants, migrants tend to have a higher risk of mental health problems (Breslau et al., 2007; Iglesias et al., 2003). The same applies to refugees when compared non refugees as they seem to have a higher burden of mental health challenges (Porter and Haslam, 2005).

2.6 Acculturation and Mental Health

It has been suggested that well integrated migrants experience less stress than separated and marginalized migrants. Berry (2003), for instance, cites empirical evidence that forced or marginalized immigrants such as refugees or asylum seekers encounter more acculturative stress than economic migrants who plan their migration in advance. Furthermore, the presentation of symptoms and outcomes of mental health issues have been linked to acculturation and cultural change/impact by a number of psychologists (Koneru and de Mamani, 2006). Previous research by Miller et al. (2006) has shown that there is a positive relationship between the levels of acculturation and mental health; individuals with a higher level of acculturation had better mental health outcomes compared to those with lower levels of acculturation. These findings imply that better acculturation supports good health, and fewer mental health and psychological problems.

Adjusting to the host culture could be very stressful and difficult as several studies have suggestedLee et al. (2004). These adjustments includes communication barriers, displacement, housing difficulties, educational systems and problems accessing medical treatment Ward and Masgoret (2008). As defined above, acculturation is defined generally as a process of adapting to the host culture and involves the change that takes place as a result of continuous contact between two different cultures Berry (1997). During the time of the acculturation process, an individual can experience psychological, physical, biological and social changes and the stresses experienced during the adaptive process may be referred to as acculturative stress (Lee et al., 2004). Some reports have indicated that a less acculturated immigrant may experience more mental health issues and some reports have shown negative effects of acculturated immigrants such as alienation from their cultural group.

The high levels of acculturation stress has been shown to have substantial impact of various aspects of mental health Haasen et al. (2008). Individuals' approach or how they deal with the process of acculturation is different so the acculturation experience also differs among individuals. Existing research has suggests that the health of immigrants, especially mental health, tends to be poorer when compared to health of the host population (Fox and Tang, 2000). Even though a majority of

studies have found a positive relationship between acculturation and mental health, it is also imperative to note that the existing literature has reported inconsistent results.Studies by Bhugra (2004) produced conflicting results, finding higher levels of acculturation to be associated with greater levels of depression, substance use and psychiatric disorder. Findings by Koch et al. (2004) on Greenlanders in Denmark using Berrys model of acculturative stress, also indicated that acculturation plays a lesser role on mental health but showed a significant relationship between mental health and socio-demographic and socio-economic factors. These conflicting results may suggest that there is a differential impact on individuals depending on the circumstances surrounding their migration experience and culture. Research by Rogler et al. (1991) on Hispanics living in the United States on the relationship between acculturation and mental health revealed positive, negative and non- significant relationships. Other studies on a more diverse population consisting of Asians, Latinos and other ethnic groups also produced the same results (Koneru et al., 2007).

Although existing literature on the relationship between acculturation and mental health has reported inconsistent results, a successful acculturation has also been viewed as an indicator of positive health outcomes (Berry, 1980; Ngo et al., 2000a). Some studies have reported that immigrants that are less accultured were likely to experience more psychological distress Ngo et al. (2000b) but other studies have also reported negative effects of more accultured immigrants to the extend of separating from their cultural groups (Burnam et al., 1987; Ngo et al., 2000b). Considering that the outcomes of the relationship between acculturation and mental health are often complex, there is need to understand the degree of stress experienced by immigrants in order to irradiate why immigrants are more liable to negative mental health outcomes. According to Obasi and Leong (2010), there are few studies that specifically examine acculturation among people of African background.

2.7 Acculturation and mental health in Zimbabwean migrants in New Zealand

Most of the existing literature on acculturation of refugees and immigrants focuses on Asians and Hispanics living in Australia, New Zealand and North America (Knipscheer and Kleber, 2007). There is a paucity of African immigrants studies; this literature review has found only two studies of the Zimbabwean migration experience. The first one is focused on migration challenges among Zimbabwean refuges before, during and post arrival in South Africa (Idemudia et al., 2013). The second focuses on:

> "the influence of familial and schooling experiences on the acculturation of immigrant children from Zimbabwe" (Adepoju, 2004).

These two studies do not explore the relationship between acculturation and mental health, which forms the basis of my study.

At the present time, there has not been any research conducted on the acculturation experiences of Zimbabweans in New Zealand. These experiences are unlikely to be homogeneous, given the very different circumstances underlying migration between the periods 2000-2004 and 2004 onwards. The distinct acculturation experiences of these two groups warrant further investigation. The social and economic difficulties faced by Zimbabweans during the acculturation period could have led to mental health problems. Although the level of cultural adaptation may differ between individuals and therefore impact differently on the health of individuals, it is not known exactly what kind of mental health issues specifically affected Zimbabwean immigrants at this stage of the research. The purpose of this study is to investigate if acculturation is associated with better mental health outcomes among Zimbabwe immigrants in New Zealand. Studies of this nature could optimize the health and the productivity of Africans resettling in New Zealand and it could also inform policy development and translate or transfer some of the lessons learned to other immigrants from other countries in New Zealand.

Chapter 3

Population and Methods

3.1 Introduction

In this chapter is introduced the research methodology and methods of data collection that are employed in the study. These include the research question, inclusion and exclusion criteria of participants, measures, instruments, data collection and analysis procedures. This section also provides information about the pilot study, interpretation and ethical consideration (the ethics application form and approval is attached as an appendix item). Key informant interviews were conducted which helped the researcher to study what he was looking for. For example, how to enroll the immigrants for this study and how to select the questions to be put to the instrument (test the sequence of the study components).

3.2 Ethical Consideration

To ensure protection of the participants, an application was submitted to the Human Ethics Committee (HEC) considering and discussing the study with regards to the principles of confidentiality, voluntary participation, informed consent and non-maleficence. The documentation is attached with the thesis in Appendix 7.3.

3.3 Research Design and Participants

A cross-sectional survey was conducted to investigate the relationship between acculturation and mental health among black Zimbabweans living in New Zealand between August and September 2015. In this study, acculturation was the exposure variable of interest. It was measured by the prevalidated Vancouver Index of Acculturation. The Vancouver Index of Acculturation was authored by Paulhus, D.L in 2000 (Ryder et al., 2000). It compares head to head the prediction of personalities, self identity, adjustment and demographics of immigrants. It is a 20 item measure of acculturation and makes a distinction to the acquirement of new cultural trends compared to the heritage cultural tendencies.

African ethnicity was the primary inclusion criterion for participation. Only Zimbabweans of African descent were considered for this study. As this was a cross sectional design, data were collected through the following methods:

1. Key informant interviews

2. Socio-demographic questionnaire

3. Multidimensional measure of the Quality of Life using WHOQoL-BREF incorporated with a validated Vancouver Index of Acculturation questionnaire

4. Group Interview

Thematic analysis of the qualitative data was employed in order to examine and record themes (Braun and Clarke, 2006). According to (Braun and Clarke, 2006, p79),

> "Thematic Analysis is a method for identifying, analyzing and reporting patterns (themes) within data".

It also supports the use of either inductive or theory driven approach which is also known as deductive approach. T A will be discussed in details in the analysis section.

3.4 Eligibility criteria for the survey participants

1. Individuals must have been of African descent
2. They should have been born in Zimbabwe
3. The participant must have lived in New Zealand for a minimum of one year.
4. The participant should have arrived in New Zealand on or after 2000
5. The participant must have been living in New Zealan at the time of interview
6. The participant should have reached the age of 18 years by the time they migrated to New Zealand

In order to participate in the survey, every participant had to fulfill all six criteria. Else they were excluded from the scope of this study.

3.4.1 Eligibility criteria for the Group Interview

Members of the Zimbabwean community in Canterbury were contacted personally by the researcher over phone and email attaching the invitation letter (See Appendix 7.7) to attend the group interview meeting. The invitation letter outlined the purpose of the interview, the venue, the duration and the process to be followed including audio recording. Eligibility was established as follows:

1. The participant should have been residing in Christchurch at the time of group interview
2. The participant was interested in sharing acculturation experience in the group interview for a period between 60-90 minutes
3. The participant should also have participated in the cross sectional survey
4. The participant should also have fulfilled all criteria for participation in the cross sectional survey namely born in Zimbabwe, being an ethnic black Zimbabwean who arrived in New Zealand on or after 2000 and should have attained the age of 18 years by the date they migrated (for details see above list of eligibility criteria of the survey)

5. The participant should have consented for the group interview

3.5 Data Collection

3.5.1 Recruitment and sampling of participants

Data collection was conducted in two stages a cross sectional survey and a group interview

3.5.2 Administration of Survey Questionnaire

The participants were recruited through the Zimbabwean Association mailing list, church groups, family and friends' networks. Emails attached with information sheet (see Appendix 7.1), consent form (Appendix 7.2), and the demographic questionnaire (see Appendix 7.4) were sent to the above networks who in turn, forwarded the email to their contact list. Those willing to take part indicated by signing the consent form and returning a signed consent form together with a filled in demographic questionnaire. Participants who agree to participate were sent the survey questions.

As this process took longer than expected, an online survey was created and developed using qualtrics.com (https://canterbury.qualtrics.com/). The items on the questionnaire included the Information sheet, consent form, demographic questionnaire and the survey questions from WHOQOL-BREF and the validated Vancouver index of acculturation measure.

3.6 Instruments

3.6.1 Demographic Questionnaire (See Appendix 7.4)

The questionnaire was used to collect information about the participants such as age in years, gender, marital status, education and their residence status in New

Zealand. This is a short form that may take 5 to 10 minutes to complete.

3.6.2 WHOQOL-BREF

The WHOQOL-100 allows detailed assessment of each individual facet relating to quality of life. In certain instances however, the WHOQOL-100 may be too lengthy for practical use. The WHOQOL-BREF Field Trial Version was developed to provide a short form quality of life assessment that looks at domain level profiles, using data from the pilot WHOQOL assessment and all available data from the Field Trial Version of the WHOQOL-100. The WHOQOL-BREF contains a total 26 items and consists of 4 domains. The four domains are: Physical health, psychological health, social relationships and environment. To provide a broad and comprehensive assessment, one item from each of the 24 facets contained in the WHOQOL-100 has been included. In addition, two items from the Overall quality of Life and General Health facet have been included. Therefore it follows that people themselves should be asked whether they were satisfied with their health and well-being. This is the basic rational and assumption of the WHOQOL (World Health Organization Quality Of Life) measurement instruments. Quality of life as defined by WHO is a multifaceted concept. The instruments produce a descriptive profile of a person quality of life, not a single score or index.

In order to assess the positive and negative acculturation experiences and quality of life among Zimbabweans in New Zealand, the WHOQOL-BREF measure was used. The New Zealand WHOQOL group stated that the WHOQOL-BREF is a comprehensive measure, rigorously tested and found to demonstrate high validity and reliabilityBillington et al. (2010). The World HealthOrganization defines quality of life as:

> an individuals perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the persons physical health, psychological state, personal beliefs, social relationships and their relationship to salient features of their environment p1

Table 3.1: Table of WHOQoL BREF

Domain	**Facet**
Physical Health	Pain and Discomfort Energy and Fatigue Sleep and rest Activities of Daily Living Dependence on Medicinal Substances and Medical Aids Mobility Work Capacity
Psychological Well Being	Bodily image and appearance Negative Feelings Positive Feelings Self Esteem Spirituality/Religion/Personal Beliefs Thinking, Learning, Memory, and Concentration Expectations placed on you Respected by others Manage personal difficulties Control over your life
Social Relationships	Personal Relationships Social Support Sexual Activity Belonging
Environment	Financial resources Freedom, physical safety and security
Health and social care: accessibility and quality	Home environment Opportunities for acquiring new information and skills Participation in and opportunities for recreation and leisure activities Physical environments (pollution or noise or traffic or climate) Transport

The above definition is a multifaceted concept and therefore the major WHOQOL instrument produces a descriptive multidimensional profile of peoples QOL. The WHOQOL-BREF is available in more than 19 different languages. Permission to use the instrument was obtained from the WHOQOL New Zealand group (See Appendix7.8). Data was analyzed using Excel spreadsheet that included calculation algorithms for New Zealand version after a request was made to the WHOQoL New Zealand Group (Appendix 7.9). The data entry tab was used to enter raw scores of the New Zealand WHOQOL-BREF from questions 1 to 26 and the national items Q 27-31. Only data that appeared on the questionnaire was entered. Questions 3, 4, and 26 were not re-scored as the spreadsheet did that automatically and columns 3r, 4r and 26r were updated. Domain scores were automatically calculated. The spreadsheet provided automatic imputation for a 0 score on a facet. Questionnaires that were not completed or insufficiently completed were removed but those with no less than 3 items missing, had their missing values imputed by the mean of other scores on the domain items.

3.6.3 Scoring of the WHOQOL - BREF

The WHOQOL - BREF which has four domains, is designed to produce a quality of life profile. In this instrument, two items: question 1 which asks about an individual's opinion about their quality of life and question 2 which asks about a person's overall health are examined separately. The scores of the four domains signifies the individual's views on their QoL in each domain and are scored in a positive direction with the higher scores denoting higher QoL (Murphy et al., 2000). In order to obtain the facet score, facet questions 3, 4 and 26 need to be reversed as they are negatively worded and the group mean average is obtained by adding the individual scores in the group then divide them by the number of participants in the group. The domain scores are obtained by each facet contributing equally to the domain score that they reside. The domain score in a group is then calculated by adding together each facet's mean average score in the domain they reside. The minimum and the maximum score for each domain are as follows:

1. Physical 7 to 35
2. Pschological 6 to 30 or 10 to 50 when NZ items are included
3. Social 3 to 15 or 4 to 20 when NZ items are included
4. Envirnment 8 to 40

If more than 20% of the data is missing from an assessment. the assessment should be discarded and where an item is missing, the mean of other items in the domain should be substituted. The domain score should not be calculated when more than two items are missing. The national items are scored separately

The following table presents the scoring procedure used when the questionnaire has been completed and includes the 5 New Zealand questions.

The WHOQoL-Bref scale is a health related quality of life assessment tool. It was developed in 1990s across cultures and in about 14 countries. It has since expanded to more than 35 country versions ever since. This study is using the New Zealand version of the WHOQOL-BREF which has 26 items plus the New Zealand national questions.

3.6.4 Vancouver Index of Acculturation (Appendix7.6)

Acculturation is considered a multidimensional process and bi-linear that involves cultural beliefs, language and values. The multidimensionality of the acculturation instrument refers to the assessment of acculturation across multiple domains and the bilineality of the instrument refers to the sense that by participating in one culture, one is not precluded in another culture. In order to measure the acculturation levels of the black Zimbabwean participants, a multi-dimensional model was used. According to Smith Castro (2003), the multidimensional model offers a bicultural approach with cultural identities and heritage seen as being independent of one another. Acculturation is believed to occur across multiple dimensions. Multidimensional models are considered an extension of the dimensional approach Magafia et al. (1996), in which two orientations are measured independently. Items measured included language acquisition, cultural identity, and involvement in cultural practices, interpersonal relationships and family beliefs.

This study used an equivalent of a Vancouver Index of Acculturation, which has 20 components. This instrument has a wider coverage of cultural domains (Ryder et al., 2000). In order to change the VIA to a generic version that was appropriate for the Zimbabwe immigrants in New Zealand, the questions were validated using a sample of 4 key informants from the community elders. Validation was done by constructing a measurement model of acculturation.

3.6.5 Vancouver Index of Acculturation Scores

The validated Vancouver Index of Acculturation Ryder et al. (2000) is a 20-item multidimensional measure with 10 items assessing orientation toward mainstream New Zealand acculturation and 10 items assessing orientation toward Zimbabweans' heritage culture. Participants were asked to rate their observance to the social relationships, traditions and values of both cultures. Items like: "I enjoy social activities with typical New Zealand people" and "I enjoy entertainment (e.g. movies, music) from my heritage culture" are examples of such items that the participants were asked to rate on a nine point scale (1 signifying strongly disagree and 9

representing strongly agree). Items for each participant were then averaged. A higher mean score indicates greater levels of acculturation. The questionnaire is coded as follows: for each individual, the mean of the odd-numbered items signifies the "heritage sub-score", whereas the mean of the even numbered items is referred to as the "mainstream sub-score" (the individual sub-scores are presented in the appendix) . In this study, after all the scores were tallied, the scores were then added to estimate mean of the heritage sub-score and mainstream sub-score and are reported here.

3.6.6 Key Informant Interviews

In order to understand the background and local content on issues of acculturation in New Zealand, key informant interviews were conducted with organizations such as The Migrant Center and the Canterbury Resettlement Services. These organizations help new immigrants and refugees to settle in New Zealand. In order to end up with results that are not one sided or biased, diversity of key informants is important (Carter and Beaulieu, 1992). The purpose of key informant interviews was to collect information that adds insight above and beyond the literature review. Key informant data was collected from a wide range of people such as professionals and community leaders who have an understanding of the problem at hand in this case, immigration acculturation. Carter and Beaulieu (1992) stated that there are two common methods of conducting these interviews:

1. Face to face interviews
2. Telephone interviews

Face to face interviews were conducted in order to get diverse information that might not be captured during a survey. They also provided the opportunity for a free exchange of ideas and leads the interviewer to ask more complex questions resulting in more detailed responses.

The first round of key informant interviews was conducted with organizations that supports people coming from migrant backgrounds and helping them to settle successfully in New Zealand. One of these is the Christchurch Resettlement Services

(CRS) where I interviewed the Senior Social Worker (GM). During the interview it was established that CRS operates under six delivery areas. These are:

1. Bilingual community work which provides linguistic, cultural and community based support.

2. Social Work which provides family support, resettlement issues and mental health issues as well as enhancing their access to services

3. Culturally & Linguistically Diverse Counseling which is done either in their mother tongue or through an interpreter. Their major focus is on mental health and all the counseling team are New Zealand trained.

4. Health Promotion - supports young people, migrant and refugee groups to improve their social inclusion by offering them activities.They are helped in accessing primary heath care as well as enhancing access to good health.

5. Living Well in Christchurch - Bilingual Tutor and Childcare Service helps CRS to organize literacy classes in partnership with the English partners.

6. Earthquake Support coordinator helps migrants with information regarding the help they could access after the earthquakes.

The other organization that helps people from the migrant background to settle well is the Canterbury Migrant Center Trust. In an interview with the manager, Kevin Park, it was established that the trust helps in reducing the time it takes migrants to settle into life New Zealand. The center provides cultural support, settlement advice as well as service co-ordination. These key informant interviews gave me an insight of what services immigrants have access to in order to settle in the New Zealand way of living which will help in reducing accumulative stress.

3.6.7 Group Interview

A second round of key informant interviews in the form of a group interview (Appendix 7.10) was conducted after participants were recruited from a list of people who participated in the survey study. This group interview helped in identifying gaps in the study and find answers to questions about acculturation and mental

health outcomes that could not be captured during the survey.

The group interview was attended by eight participants and was recorded and transcribed with the consent of the participants. The investigator ensured that the detailed information gathered from the group interview was to be stored in a password protected computer, and participant identities were not to be revealed. This information was only to be accessible to my academic supervisors and me. The group interview was held at University of Canterbury rooms and was attended by one of my academic supervisors. The group interview took the form of a group discussion which generated different ideas and opinions from each participant. It lasted slightly more than 90 minutes. The group interview started with the introduction of each participant after the researcher had introduced himself and his supervisor. The participants signed a consent form for the interview (See Appendix 7.5). The introduction covered the participants name, when they arrived in New Zealand as well as their profession. The topics that were discussed in this group interview were

1. The reason for migrating to New Zealand
2. Whether they found it easy to get a job or not
3. To what extent they felt the migration process impacted on their mental health
4. As well as their coping strategies.

The group interviews were then transcribed

3.6.8 Transcription

Over the course of data collection, the group interviews were transcribed verbatim in order to ensure that they amplify the written text. The transcription was done by a paid and qualified transcriber from the University of Canterbury. The transcribed copies had some ???? marks in the text as the transcriber failed to understand the accent of the participants or there was too much noise in the background. I checked the transcription against the audio tape and made the necessary changes. Since the participants are from a small community that could easily be identified, I used the pseudo names of GPI1 or GPI2 instead of their initials. A thematic analysis of the

data obtained from the group interview was conducted.

3.6.9 Thematic analysis

The group interview data underwent a thematic analysis as described by (Braun and Clarke, 2006). It is a qualitative method of analyzing data and allows for the description, analysis and identification of themes or patterns across a data set. This was done after checking for accuracy which required me at times to listen to the same section several times, listening word for word. Although this was time consuming, it was necessary as I was beginning to familiarize myself with the data. This is in line with phase one of thematic analysis (Braun and Clarke, 2006). Thematic analysis uses a rigorous process of analyzing data by familiarizing yourself with the data, generating initial codes, searching for themes and reviewing them. It also involves defining and naming themes and producing a the final report.

Thematic Analysis supports the use of inductive or theory driven approach, which is also known as deductive approach. According to Braun and Clarke (2013), in inductive analysis, themes that are identified are strongly linked to the data, meaning it is data driven without paying attention to themes identified by previous researchers. In a deductive approach, the researcher tends to be driven by their theoretical interests in relation to the circumstances being studied and the codes and themes are driven by the understanding of the phenomena being studied (Braun and Clarke, 2006).

In this study, data analysis was conducted using inductive approach as only the group interview data informed me about the acculturation experience of Zimbabweans living in New Zealand without referring to previous literature. As a guideline for researchers trying to conduct Thematic Analysis in a rigorous way, Braun and Clarke indicated that Thematic Analysis occurs in six stages. The stages are as follows:

1. Familiarising with data
2. Generating initial codes
3. Searching for themes

4. Reviewing themes
5. Defining and naming themes
6. Writing the report

The early stages of this study was bases on the above guidelines. After transcription of the recorded group interview, a printout of the transcript was produced and read several times as I searched for patterns were searched for and similarities throughout the transcript. At this stage, I was immersing myself with the data (Braun and Clarke, 2006). After immersing myself with data, I developed the codes and identified similar text quotes. Themes were then developed in accordance with the coded quotes. there was a constant review and fine tuning of the themes. At this stage the data analysis was complete and followed with writing the report.

Chapter 4

Results of Cross-sectional Survey

4.1 Introduction

In this chapter are presented the findings of the questionnaire-based cross-sectional survey on acculturation and mental health among black Zimbabweans living in New Zealand. Forty eight Black Zimbabweans who lived in New Zealand at the time of the survey in 2015, who were 18 years or older when they migrated to New Zealand, and who had arrived on or after the year 2000, participated in the survey. The questionnaires were used to collect data about their demographic status, acculturation, and health related quality of life. The details of the research questions included in this survey are presented in Chapter III (Population and Methods). The survey instrument was prepared on the basis of two earlier validated instruments: The Canadian Acculturation Measurement Tool and the WHO QoL-BREF (reproduced with permission from AUT). In the context of the current study, the survey instrument underwent face validation tests. In the face validation exercise, a group of Black Zimbabweans were invited to review and comment on the readability and appropriateness of the survey instrument. They were provided copies of the instrument and were asked to comment on the readability and interpretation of the instrument. Based on the feedback from this group, no significant editorial changes were needed in the survey instrument for this study. As the contents of the instruments were already validated elsewhere, a separate content and construct validity exercise was not attempted.

4.2 Demographic Status

A total of 53 participants began the on-line survey known as Canterbury Qualtrics, and 48 participants finished it (completion rate: 90.6%). The remaining five participants (9.4%) did not provide any information on the questionnaires and hence these responses were deleted. The present analyses are based on these 48 responses.

4.2.1 Demographic Distribution

Out of the 48 participants, 54.2 % (N =26) were females. Seventy seven % participants were between 31-50 years of age, (N=37; 77 %). Eight participants (17 %) were 50 years or older, and three participants (6 %) aged 18-30 years. Only two percent participants arrived in New Zealand before 2000. Most participants arrived between 2000 and 2004 (N = 25, 52.08 percent). All participants had either permanent residency status (40 % ; N = 18) or full citizenship (60 %; N = 30) . The literacy of the participants ranged between high school completion and post graduation. Diploma holders were the highest with 40 % (N =19) followed by university graduates at 29 % (N = 14). All the participants were employed with 41 % (N = 20) in the health care industry (Table 4.1). Thus this sample was largely based on an young-adult through middle-aged, educated, first-generation, recent-migrants (after 2000) from Zimbabwe. All had African ancestry, and all participants were also employed in different settings; all data were collected using online questionnaires and therefore it is assumed that they had online access to information sharing in one form or another. From the survey response itself it was not possible to identify which devices they responded from (that is, whether they initiated and completed the responses using a desktop computer, a tablet device or another form of tool).

4.3 Measures of Acculturation

Summary of Items on Cultural Participation and Maintenance of culture

Twenty nine out of 48 participants (60.4%) completed items on cultural participation, and items on New Zealand Acculturation. Majority of the participants (68.99

Table 4.1: Age, Gender, Occupation, Educational Qualification, Arrival, Immigration

Age in years	**Count**	**Percentage**
18-30	3	6.25
31-50	37	77.08
More than 50	8	16.67
Gender		
Female	26	54.17
Male	22	45.83
Occupation		
Accounting	2	4.17
Automotive	3	6.25
Government and Council	3	6.25
Health Care	20	41.67
Hospitality and Tourism	5	10.42
Other Occupation	15	31.25
Education		
Diploma	19	39.58
Post graduate	11	22.92
Secondary Education	4	8.33
University graduate	14	29.17
Arrival		
Before 2000	1	2.08
Between 2000 and 2004	25	52.08
After 2004	22	45.83
Immigration Status		
New Zealand citizen	29	60.42
Permanent Residence	19	39.58

%; N = 20/29) reported they enjoyed participating in activities in their own culture. A larger percentage of participants felt that they were accultured within New Zealand (N = 26, 89.9%) . So, they were both active as cultural participants in their own cultural settings as well as felt accultured within New Zealand.

Twenty nine out of 48 (60.4%) answered the question about maintaining or developing their own culture. They were asked if they often participate in their own heritage cultural tradition or they often participate in the New Zealand cultural traditions. Out of 29 participants, 26 participants either agreed or strongly agreed to this question (26/29, 89.7%). When they were asked about maintenance or development of NZ culture, 14 out of 29 participants (48.2%) who answered this question,

responded that they agreed or strongly agreed with the position.

Based on these response patterns, while the participants felt or responded that they had "accultured" within the New Zealand cultural milieu, they still felt a strong connection to Zimbabwean culture and were inclined to maintain or enhance their own cultural traditions more than they would be for New Zealand cultural traditions. Thus the participants reported that they had integrated well, they wanted to maintain their own culture, they were also keen to embrace the host's culture (Table 4.2).

Table 4.2: **Cultural Participation and Maintenance of Culture**

Own Culture Participation	**Number**	**Percent**
Disagree	4	13.79
Neutral	5	17.24
Agree	11	37.93
Strongly	9	31.03
NZ Acculturation		
Disagree	4	13.79
Neutral	15	51.72
Agree	9	31.03
Strongly agree	1	3.45
Maintain or develop own culture		
Neutral	3	10.34
Agree	18	62.07
Strongly agree	8	27.59
Maintain or develop NZ Culture		
Disagree	4	13.79
Neutral	11	37.93
Agree	12	41.38
Strongly agree	2	6.9

4.4 Marriage and Values

Twenty nine out of 48 (60.4%) answered the question about marriage and values. Out of the 48 participants,Twenty nine of the participants (60.4%) completed items on marriage and values. 62 %: N = 18 were comfortable to marry from their own culture while 93 % : N = 27 were in favour of maintaining their own cultural values.

Table 4.3: Marriage and Values

Marry Own Culture	**Count**	**Percentage**
Strongly disagree	2	6.9
neutral	9	31.03
Agree	6	20.69
Strongly agree	12	41.38
Marry White NZ		
Strongly disagree	3	10.34
Disagree	5	17.24
Neutral	12	41.38
Agree	7	24.14
Strongly agree	2	6.9
Own Cultural Values		
Nuetral	2	6.9
Agree	16	55.17
Strongly agree	11	37.93
NZ Cultural Values		
Disagree	3	10.34
Neutral	10	34.48
Agree	16	55.17

When asked about maintaining New Zealand values, 90 % reported to be in favour of embracing New Zealand values. In this case the participants also seems to have integrated well as they were comfortable comfortable with both cultural values (Table 4.3).

4.5 Social Activities, Interaction and Friendship

The items on Social Activities, Interaction and Friendship were also answered by 29 participants and 58 % (N = 17) reported they still enjoyed social activities pertaining to their cultures compared to slightly less than half 48 % (N = 14) enjoyed NZ social activities. As much as they preferred their social activities, the table shows that they equally prefer to interact with both fellow Zimbabweans and New Zealanders as 69 %: N = 20 of the respondence preferred to interact with both cultures. The participants were also comfortable having friends from both their culture and New Zealand. 69% (N = 20) wanted to have friends from their own culture compared to 75 % (N = 22) who were happy to have New Zealand (Table 4). This also shows

that the participants have integrated well (Table 4.4).

Table 4.4: Social Activities, Interaction and Friendship

Own Social Activities	Numbers	Percentages
Strongly disagree	1	3.45
Disagree	5	17.24
Neutral	6	20.69
Agree	11	37.93
Strongly agree	6	20.69
NZ Social Activities		
Disagree	4	13.79
Nuetral	11	37.93
Agree	13	44.83
Strongly agree	1	3.45
Zim Cultural Interaction	Numbers	Percentages
Strongly disagree	2	6.9
Disagree	7	24.14
Agree	14	48.28
Strongly agree	6	20.69
NZ Cultural Interaction		
Strongly disagree	1	3.45
Disagree	8	27.59
Agree	19	65.52
Strongly agree	1	3.45
Zim friends		
Strongly disagree	1	3.45
Nuetral	8	27.59
Agree	14	48.28
Strongly agree	6	20.69
NZ Friends		
Strongly disagree	1	3.45
Nuetral	6	20.69
Agree	20	68.97
Strongly agree	2	6.9

4.6 Zimbabwe and New Zealand Entertainment

Twenty nine out of 48 participants (60.4%) completed items on Zimbabwe entertainment and New Zealand entertainment. Majority of the participants 76% (N = 23) were happy with their own entertainment. A relatively high number 72% (N = 21) were also happy with New Zealand entertainment. The participants were equally

Table 4.5: Zimbabwe Entertainment and New Zealand Entertainment

Own Entertainment	Numbers	Percentages
Disagree	3	10.34
Nuetral	4	13.79
Agree	13	44.83
Strongly agree	9	31.03
NZ Entertainment		
Disagree	2	6.9
Neutral	6	20.69
4Agree	20	68.97
Strongly agree	1	3.45

happy with entertainment from both cultures (Table 4.5).

4.7 Culture and Humour

Twenty nine out of 48 participants (60.4%) completed items on behaviour, jokes and humour. 76% (N = 22) of the participants often behaves in ways that are typical of their own heritage . 51 percent participants (N = 15) also preferred jokes and humour from their culture. A high number of the participants (72%) also behave in ways that are typically New Zealand with slightly more than half of them (51% : N = 15) enjoying New zealand jokes (Table4.6).

4.8 Health Related Quality of Life

Table 4.7shows that 37 participants out of 48 participants completed items on health related quality of life. 89 % (N = 34) of the participants were happy with with their quality of life. 50 % (N = 19) of the participants had a moderate amount of physical pain preventing them from doing what they needed to do. The table also shows that 76 %; N = 29 of the participants were satisfied with their access to health services in New Zealand. More than half, 52 % (N = 20) of the participants did not require medical treatment to function in their daily lives and more than 50 % (N = 19) are enjoying life in New Zealand. This indicates that the participants have now

Table 4.6: Behaviour, Humour and Jokes

Own Behaviour	Number	Percentage
midrule Disagree	1	3.45
Neutral	6	20.69
Agree	15	51.72
Strongly agree	7	24.14
NZ Behaviour		
midrule Strongly disagree	1	3.45
Disagree	7	24.14
Neutral	18	62.07
Agree	3	10.34
Own Jokes and Humour		
Strongly disagree	1	3.45
Disagree	1	3.45
Nuetral	1	3.45
Agree	16	55.17
Strongly agree	10	34.48
NZ jokes and humour		
Disagree	2	6.9
Neutral	12	41.38
Agree	13	44.83
Strongly agree	2	6.9

settled well in New Zealand after having gone through stress and depression during acculturation.

Table 4.7: **Quality of Life**

Self Rated Quality of Life	Numbers	Percentages
Dissatisfied	3	7.89
Satisfied	30	78.95
Very satisfied	4	10.53
Physical Pain		
Not at all	18	47.37
A moderate amount	19	50.00
Very much	0	0
An extreme amount	1	2.63
Access to Health		
Dissatisfied	2	5.26
Neutral	7	18.42
Satisfied	15	39.47
Very Satisfied	14	36.84
Medical Treatment		
Not at all	20	52.63
A little	12	31.58
A moderate amount	5	13.16
An extreme amount	0	0
Very much	1	2.63
Enjoy Life		
Not at all	0	0
A little	6	15.79
A moderate time	13	34.21
An extreme amount	3	7.89
Very much	16	42.11

4.8.1 Acculturation and impact on mental health

Table eight shows that 38 out of 48 participants completed items on the impact of acculturation on mental health status. About 68 % (N = 26) participants reported little or a moderate amount on how acculturation had impacted on their mental health with 18 % (N = 7) reported having had much impact on their mental health according to the survey results. At the time of the survey, 58 % (N = 22) believed

their lives were meaningful and 76 % (N = 29) of them reported having high levels of concentration. About 52 % (N = 20) indicated that they seldom have negative feelings and 26 % (N = 10) reporting that they quite often have negative feelings such as blue mood, despair, anxiety and depression (Table 4.8).

Table 4.8: **Acculturation and Impact on Mental Health**

Impact of Acculturation on Mental Health	Numbers	Percentages
Not at all	5	13.16
A little	11	28.95
A moderate amount	15	39.47
Very much	7	18.42
Feeling Life to be Meaningful		
A little	4	10.53
A moderate time	12	31.58
Very much	18	47.37
An extreme amount	4	10.53
Levels of Concentration		
A moderate time	9	23.68
Very much	24	63.16
An extreme amount	5	13.16
Negative feelings		
Never	7	18.42
Neutral	1	2.63
Seldom	20	52.63
Quite often	8	21.05
Very often	2	5.26

4.8.2 Physical Environment, Daily Life, and Leisure activities

Thirty eight (38) out of 48 participants (79.1%) completed this item and 76 % (N = 29) reported that they live in a healthy physical environment, and 79 % (N = 30) reported feeling safe in their daily lives . About 74% (N = 28) reported that information they needed for their day-to-day lives was made available to them. About 71 % (N = 27) of the participants had little or moderate amount of opportunities for leisure activities (Table 4.9). This shows that the participants were well settled in the new environment.

Table 4.9: **Physical Environment, Daily Life, Physical Environment and Leisure activities**

How Healthy is their Physical Environment	**Numbers**	**Percentages**
A moderate amount	9	23.68
Very much	27	71.05
Extremely Healthy	2	5.26
How Safe did they feel in their daily life		
A little	2	5.26
A moderate amount	6	15.79
Very Much	26	68.42
An extreme amount	4	10.53
Access to Daily Information		
A little	3	7.89
A moderate amount	7	18.42
Very much	26	68.42
Extremely	2	5.26
What Extent did they have opportunity for Leisure Activities		
Not at all	2	5.26
A little	14	36.84
A moderate amount	13	34.21
Very much	8	21.05
Extremely	1	2.63

4.8.3 Body Appearance and Everyday Energy

Majority of the participants were happy about their bodily appearance, everyday energy levels, getting around, and adequate sleep. About 76% (N = 38) participants completed the item on body appearance and everyday energy and 63 % (N = 24) of them were able to accept their body appearances. The same number of participants indicated that they had enough energy for everyday life and 79 % (N = 30) were able to get around physically . They also indicated that they were satisfied with their ability to perform their everyday activities and 63 % (N =24) were satisfied with their sleep (Table 4.10).

4.8.4 Self Satisfaction, Relationships, Friends, and Sex Life

Most of the participants were satisfied with themselves, their personal relationships, and reported that they had positive social support from friends and families, and expressed satisfaction with their sex life. A total of 38 out of 48 participants completed the item on self satisfaction, relationships, friends and sex life and 81 % (N = 31) of the participants were satisfied with themselves with 74 % (N = 29) being satisfied with their personal relationships . 82 % (N = 31) of the participants were satisfied with the support they get from their friends as well as the respect they get from others. 76 % (N = 29) of the participants were satisfied with their sex life (Table 4.11).

4.8.5 Work and control over life

The item work and control over life was completed by 38 out of 48 participants and 82 % (N = 31) of the participants were satisfied with their work capacity. On whether they had enough money to meet their needs,only 24 % (N = 9) indicated that they had enough money to meet their needs with 65 % (N = 25) having a moderate or little money to meet their needs. They were very satisfied with their transport needs as 95 % (N = 36) were comfortable withe their transport needs. 79 % (N = 30) of the participants comfortable with their living conditions (Table 4.12).

4.8.6 Personal Difficulties and Feelings of Belonging

38 out of 48 participants completed the item on personal difficulties and feeling of belonging and about half of the participants can manage their personal differences a moderate amount while less than half (43 %) of the participants had control over their lives. Half of the participants had a feeling of belonging and 55 % (N = 21) of the participants were satisfied on how they were able to meet expectations placed on them (Table 4.13)

4.8.7 Quality of Life Data

4.8.8 Data Analysis

Out of a total of 48 returned questionnaires, two were invalid due not being insufficiently completed. Of the remaining 46 questionnaires, the participants recorded the highest mean in the Environmental domain (28.76) and a also the highest median of 30.00. The psychology domain recorded a mean of 21.33 and a median of 23.00. The social domain recorded the lowest with a mean of 11 and a median pf 12. The NZ psychology domain recorded the highest scores with a mean of 35 and a median of 37 while the NZ social domain also recorded a low mean score of 14.94 and a median of 15 (Table 4.19).

4.8.9 Rudmin Matrix of dominant and minority culture

The results were also culculated using the Rudmin matrics. The aspects of fculture, social, values and frienship variables were explored using the Rudmin Matrix (Rudmin, 2007). Rudmin (2007) states that the scales of acculturation often comprise of Likert items that are used to ask about the dominant (D, presented here in the form of +D and -D) and the minority culture (M, presented here in the form of +M and -M) using one question. The cultural aspects of the majority is referred to as the "Dominant culture" and the immigrants are referred to as the "Minority group". In this matrix, +D stands for preferring the dominant culture and -D stands for 'not preferring the dominant culture; +M signifies maintaining the minority culture, and -M signifies not maintaining minority culture. Using the Rudmin Matrix, the immigrants' responses are based on a two by two matrix which is selected based on their responses to selected items in the acculturation questionnaire. Examples of items relevant to the Zimbabwean migrants to New Zealand might ask for which type of food one prefers are:

1. Integration: I like Zimbabwe food and I like New Zealand food
2.
3. Assimillation: I dislike Zimbabwe food but I like New Zealand food

4.

5. Separation: I like Zimbabwe food but I dislike New Zealand food

6.

7. Marginalization: I dislike Zimbabwe food and I dislike New Zealand food

The scales are coded +D and -D for the dominant while the minority culture is coded as +M and -M as explained in the following paragraph and the table of data.The D and M model is relevant to the Zimbabweans' situation as the findings of this study can reveal.

In table 4.14 below, +D and +M related to integration where the immigrant adopts the host culture at the same time maintaining their own culture. The table shows that 22 % (N = 8) of the participants were able to adopt the cultural norms of the dominant culture at the same time maintaining their own culture. The table also shows that only 11 % (N = 4) of the participant rejected the dominant culture in favour of their cultural norms and that is where separation occurs. Majority of the participants 45.71 % (N = 16) chose to assimilate to the dominant culture by rejecting their own cultural norms in favour of the dominant cultural norms. Twenty % (N = 7) rejected both the dominant and their own culture resulting in marginalization.

Table 4.15 shows that 37 % of the participants (N =13) were in favour of integrating into the New Zealand social activities while only 14 % (N = 5) preferred their own social activities to the dominant activities. 25.71 % (N = 9) rejected their social activities in favour of the dominant activities and 22.86 (N = 80) rejecting both their social activities and the host's social activities resulting marginalization occurring

In table 4.16 below, 60 % (N = 21) accepted both the values of the dominant culture as well as maintaining their own values (Integration) and 40 % (N = 14) rejecting both cultures' values. Non of the participants chose to separate or assimilate with the host's cultural values

Table 4.17 shows that only 11.43 % (N = 4) of the participants accepted their own friends as well as the dominant culture friends but 60 % (N = 21) preferred friends from their heritage culture in favour of the Kiwi friends.None of the participants

chose to assimilate with the kiwi friends but 28 % (N = 10) chose not to have friends from both their heritage culture and the dominant culture.

Table 4.10: **Body Appearance and Everyday Energy**

Ability to Accept Bodily Appearance	**Numbers**	**Percentages**
Not at all	1	2.63
A little	3	7.89
A moderate time	10	26.32
Very much	17	44.74
Extremely	7	18.42
Whether had Enough Energy for Everyday Life		
Not at all	0	0
A little	4	10.53
A moderate amount	10	26.32
Extremely	4	10.53
Very much	20	52.63
Ability to Get Around Physically		
A little	2	5.26
A moderate amount	6	15.79
Extremely	9	23.68
Very much	21	55.26
Ability to Perform Daily Activities		
Dissatisfied	2	5.26
Neutral	6	15.79
Satisfied	20	52.63
Very Satisfied	10	26.32
Sleep Satisfaction		
Very dissatisfied	1	2.63
Dissatisfied	4	10.53
Neutral	9	23.68
Satisfied	21	55.26
Very Satisfied	2	5.26
Very much	1	2.63

Table 4.11: **Self Satisfaction, Relationships, Friends, and Sex Life**

Personal Satisfaction	Numbers	Percentages
Very Dissatisfied	1	2.63
Dissatisfied	0	0
Neutral	6	15.79
Satisfied	20	52.63
Very Satisfied	11	28.95
Personal Relationships		
Very Dissatisfied	1	2.63
Dissatisfied	1	2.63
Neutral	7	18.42
Satisfied	16	42.11
Very satisfied	13	32.21
Support from Friends		
Dissatisfied	2	5.26
Neutral	5	13.16
Satisfied	19	50
Very Satisfied	12	31.58
Respect by Others		
A little	1	2.63
A moderate amount	13	34.21
Very much	18	47.37
Extremely	6	15.79
Sex Life		
Very dissatisfied	1	2.63
Dissatisfied	0	0
Neutral	8	21.05
Satisfied	13	34.21
Very satisfied	16	42.10

Table 4.12: **Work Capacity, Money Needs and Control Over Life**

Capacity for Work	Numbers	Percentages
Dissatisfied	1	2.63
Neutral	6	15.79
satisfied	24	63.16
Very satisfied	7	18.42
Whether has enough money to meet needs		
Not at all	4	10.53
A little	6	15.79
A moderate time	19	50.00
Very much	9	23.68
Extremely	0	0
How Satisfied with Transport		
Very Dissatisfied	0	0
Dissatisfied	0	0
Neutral	1	2.63
Satisfied	20	52.63
Very satisfied	16	42.11
Living Place Condition		
Dissatisfied	0	0
neutral	7	18.42
Satisfied	20	52.63
Very dissatisfied	1	2.63
Very satisfied	10	26.32

Table 4.13: **Manage Personal Difficulties, Control Over Life and Feeling of Belonging**

Extent to which able to Manage Personal Difficulties		
Not at all	0	0
A little	1	2.63
A moderate amount	20	52.63
Very much	14	36.84
Extremely	3	7.89
What Extent Feels had Control Over Life		
Not at all	0	0
A little	5	13.16
A moderate amount	17	44.74
Very much	12	31.58
Extremely	4	10.53
What Extent do they have Feelings of Belonging		
Not at all	1	2.63
A little	5	13.16
A moderate amount	13	34.21
Very much	17	44.74
Extremely	2	5.26
Meeting Expectations		
Dissatisfied	2	5.26
Neutral	15	39.47
Satisfied	18	47.37
Very satisfied	3	7.89

Table 4.14: Domain Scores Analysis, explain what the table means

Parameters	**Dom4Env**	**Dom2PsyNZ**	**Dom3SocNZ**
Minimum	18.00	20	6.00
1st Quartile	25.00	30	14.00
Median	30.00	37	15.00
Mean	28.76	35	14.94
3rd Quartile	33.00	40	17.00
Maximum	39.00	47	20.00

Table 4.15: Domain Table

DOMAIN	MEAN	MEDIAN
Physical	27.09	28.00
Psychological	21.33	23.00
Social	11.73	12.00
Environmental	28.76	30.00
Psychological NZ	35	37
Social NZ	14.94	15.00

Table 4.16: Culture Matrix

		NZ Culture	
		+D	-D
		Yes (1)	No (2)
	Yes (1)	8 (22.8%)	4 (11.43%)
Own Culture	+M	Integration	Separation
	No (2)	16 (45.71)	7 (20.00)
	-M	Assimilation	Marginalization

Table 4.17: Social Activities Matrix

		Accept NZ Social Activities	
		+D	-D
		Yes (1)	No (2)
	Yes (1)	13 (37%)	5 (14.29%)
Own Social Activities	+M	Integration	Separation
	No (2)	9 (25.71%)	8 (22.86%)
	-M	Assimilation	Marginalization

Table 4.18: Values Matrix

		Accept NZ Values	
		+D	-D
		Yes (1)	No (2)
	Yes (1)	21 (60%)	O (0.00%)
Accept Own Values	+M	Integration	Separation
	No (2)	0 (0.00%)	14 (40%)
	-M	Assimilation	Marginalization

Table 4.19: Friendship Matrix

		Accept NZ Friends	
		+D	-D
		Yes (1)	No (2)
Own Friends	Yes (1) +M	4 (11.43%) Integration	21 (60.00%) Separation
	No (2) -M	0 (0.00%) Assimilation	10 (28.57%) Marginalization

Chapter 5

Results of the Group Interview

5.1 Introduction

The purpose of the group interview was to identify gaps in the study as well as finding answers to questions that could not have been captured during the survey. These gaps were created due to the fact that the survey reflected to the participants current situations while the group interview was about their journey to acculturation. In order to complement and validate the survey findings, a group interview was conducted. Eight to 10 participants were targeted but eight participants responded to the invitation. The focus group discussion was held at the University of Canterbury and was attended by one of the thesis supervisors (AAD). Each of the participants were of African descent and were born in Zimbabwe. They were all over 18 years of age when they migrated to New Zealand, arriving after 2000. There were four male and four female participants all employed and arrived in different years.

The following questions were put to the group: 1) Start by telling me your experience of migrating to New Zealand, when and the reason for leaving Zimbabwe. 2) What challenges did you face during your first days in New Zealand and how where received by the hosts? 3) If you were finding many challenges, how did this affect you emotionally? 4) What was your experience socially with New Zealanders and people of other cultures already settled in New Zealand? 5) Did you find it easy to obtain (a)

Table 5.1: Profile of the Group Interview

AGE	NUMBER
30 to 39years	3
40 to 49 years	3
50 years +	2
GENDER	
MALE	4
FEMALE	4
OCCUPATION	
ACCOUNTING	1
HEALTHCARE	2
TRADESMAN	2
GOVERNMENT AND COUNCIL	1
OTHER	2
YEAR ARRIVED	
2001	1
2002	3
2003	2
2005	1
2009	1

work visas? (b) Residence visa? If this process was difficult, did you feel depressed, guilty of why you migrated or thinking of packing your bags and going back? To what extent do you perceive migration and acculturation as impacting on your mental health? What strategies have you used in order to cope and acculturate in the new environment? 6) Some people may get a job and visas before they migrate, how did you find your first job and did it compare with your qualification and employment you had in Zimbabwe? 7) What crisis or turning point do you remember and what have you learned? 8) To what extent do you feel you now fit in the New Zealand society?

After thematically analyzing the group interview transcripts, evolving themes fell across the following five domains: 1) Reasons for migrating to New Zealand 2) Key challenges as part of migration work and culture shock 3) Acculturation/ fitting in in New Zealand 4) Effects of acculturation, including mental health impacts; and 5) Coping strategies. A detailed description of the five themes/domains as well as categories that emerged from the group interview will be discussed in the following

sub-sections.

5.1.1 Reasons for migrating to New Zealand

When the participants were asked for the reasons that they migrated to New Zealand, 6 categories emerged:

1) Possibilities of employment 2) Greener pastures 3) Looking for a place to settle as a family 4) Family already in New Zealand 5) Economic hardship; and 6) Government breaking down

Of the 8 participants, only 1 (GIP1) indicated that her motive was to look for a job outside of Zimbabwe as other peers were doing the same. This could have been due to economic hardships as well as seeking better opportunities elsewhere. She described how she started her journey to migration below: Yes, well everyone my age was going out of the country, so I thought I should find somewhere to go so I went on the internet and just Googled New Zealand and found out the information about um, employment because back home I was a teacher, and I saw that they wanted lots of teachers, so thats why I came here (GIP1).

Two of the participants (GPI2 and GPI3) stated that they came to New Zealand in search of greener pastures although GPI3, who migrated in 2002, also noted a push factor, a tough situation back home. GPI2, who migrated in 2003 also indicated that they were also looking for opportunities elsewhere as she described New Zealand as an easier country to migrate in terms of bureaucratic requirements (pull factor). They described their experience below: GPI3: I actually came here for greener pastures, and that was the main thing, because back home the situation was a bit, yeah, tough. Then thats it. GPI2: Well, for me we had a discussion as a family, me and my husband, and we thought of a place to go to look for some greener pastures, which has always been the case with most of the people that left the country to go and find opportunities somewhere, so we decided that my husband goes to New Zealand first and see how it is like. At first we thought of going somewhere but it didnt work out the way we expected, so we thought that since New Zealand didnt require a lot of paperwork then, in regards to visas and stuff. So we thought thats

quite handy.

One of the participants, (GPI4) was looking for a place to raise a family, and he felt New Zealand was an ideal place for doing this. He stated that: As for me its slightly different. Because I wasnt coming from Zimbabwe when I came here. I was living in the UK. And I was just finishing my Education and then my Masters. And we had our first child, (we were thinking of going back?) but things had started changing back home so we looked for a place that was ideal for a family, for raising a family and we found that New Zealand was worth a try, we came here (GPI4).

The other participant (GPI5) cited economic hardship, coming to join family as well as job opportunities as the reasons for migrating to New Zealand (both pull and push). He stated that: For me, like what others have said, when the economy started going down, and shortages started appearing on the market. Um, I started to look for somewhere to go as well. Um, but the reason why I came to New Zealand, or why I considered New Zealand was because I had a brother who was here, so its just you give it a try and he spoke to one or two employers and they said there is someone who is willing to employ you, so I said Okay, I will make the plans and thats how I came here. (GPI5)

Participant GPI6 cited governmental breakdown as the reason to look for somewhere to go and he said: For me I was a civil servant so the Government was falling apart, the salary was not enough, I was looking for somewhere.... thats how I came here. (GPI6)

Two of the participants had families already in New Zealand. One of the participants came as a visitor with the intention of going back while the other decided to come and join other family members as they felt lonely in the country they were based. Below is an account of their experiences: GPI7: For me like I said I came to visit, even though things were tough, I had never made up my mind to say I wanted to go somewhere and I came to visit my son, his wife and new granddaughter, but because of those things my situation actually changed dramatically when I was still here so I found no reason why they should go back, so theyre still here. GPI8: Um, I left home a long time ago and we were based in the US, I went there to study. And when we had family, um, why did we choose New Zealand? Because we had

family here, and we were quite lonely over there, me and my husband. So we just decided to join my brothers here in New Zealand.

5.1.2 Key challenges as part of migration

When the participants were asked to describe the challenges they faced while looking for employment, three categories emerged. Work Work visa/residence visa Cultural differences Out of the eight participants, five described how they found it difficult to find work. Two indicated culture shock as their main challenge while one of the participants mentioned isolation as her main challenge during their first days in New Zealand.

Work/work visas

One of the participants (GPI1) indicated that there were discrepancies in the messages on the internet regarding the need for workers (and advertisements for jobs), and the situation upon arrival in New Zealand. GPI1 stated that: The challenges that I faced was finding a job because on the internet they put lots of adverts, like wanting people to work, but when I came here it was different then, so that was the big challenge for me.

Another participant (GPI3) indicated that although he had a lot of challenges, obtaining a work visa and finding a job were his main challenges. He also encountered problems after finding work, as communication was difficult due to difficulties in understanding the employers accent. He stated that: Yeah. Um, I faced a lot of challenges. One was to find a job. To get work permit. Challenges again when I got the job, their accent that was difficult to understand.

Participant GPI5 thought he had a job secured before he came to New Zealand, only to be disappointed when he realised that he had been misled regarding certain requirements that needed to be met: I think for me the main challenge was when I came I thought that I had a job, but when I came there were some requirements which I wasnt aware of... entirely, it actually became very difficult, and looking for a job was quite a bit of a challenge. Apart from all those challenges of getting a job, GPI5 also noticed that the lifestyle was different as all the house chores needed to

be done by him as well (in Zimbabwe he had staff to do this work for him).

Finding work was also difficult for participant GPI6 who started looking for a job immediately upon arrival, to ease his living situation: For me it wasnt easy, I arrived in 2002 and first port of call was Invercargill. My friend was there, a very close friend and I came with another friend and his young brother. All of a sudden theres four men, and one woman and child in a two bedroom flat and it was very uncomfortable and I wanted to leave as soon as possible, so it didnt put pressure on my friends wife, so were looking for work desperately before even the jet lag... but the farmers wouldnt take anyone. They want you to come through an agent.

Very few participants were able to find work in the occupations they had been employed in in Zimbabwe. GPI7s main challenge was finding a job that could suit her banking experience from back home. She ended up volunteering and later settled for care work: I had family that was here, but my challenge was looking for a job. Coming from a banking background I had a lot of experience in banking, I think fifteen years. And I thought I was going to look for a job in the bank. And you were going to be offered a three months contract. And that means you can apply for a three months work visa. Still on qualifications, they had questions about whether you had the qualifications that they needed here. So I ended up going into the care work. I couldnt just go straight into care work, I started to volunteer so I could have somebody who could witness that I can do the job.

In order to get a New Zealand-based work reference, participant GPI7 explained her experience after she volunteered to work in a dementia rest home. She stated: So I volunteered in a dementia rest home and that was my first experience of meeting people with dementia. I didnt understand what was going on in their mind, because when I looked at them, to me they looked normal, but what they did was quite different. Um, I hadnt bathed anyone old or changed anyones.... nappy....in my life, and that was the first time. And the smell was just choking me. I am someone who is easy to throw-up. That took me some time to get used to that.

When participant GPI8 and her husband arrived in New Zealand to join other family members, they did not have professional jobs. She was also from a banking background but could not secure employment in the banking industry. She did not

give up until she finally got the job relevant to her banking qualification: We didnt have professional jobs. Thats one of the.... I didnt have a professional job, my husband was studying but for three years I did care work and I was from banking too from a western country but they couldnt even take me for some reason but I did not give up until I nailed it one day.

One participant (GPI4) did not have any challenges in obtaining a work visa or employment, a case of fortunate timing (arriving in 2007). He stated that: Two days I got into New Zealand, it was announced that every Zimbabwean who was in New Zealand before that day could get a work permit. So two days into the country with my three month visitor visa I was able to walk into immigration in Auckland and get my work permit and the next day, Tuesday had my first job interview and had my first job. So for me that aspect of getting into New Zealand was fairly easy and at the right time.

Residence visas

The introduction of the Special Zimbabwe Residence Policy, which a number of participants fought for as a united group, allowed everyone who arrived from Zimbabwe on or before 23 September 2004 to be granted a residence visa regardless of their qualification or health status. GPI1: Um, as for me, I just got a free resident visa, I started off with the work permits, so I struggled for a while, but not too much because they had just introduced free work permits for Zimbabweans, and after, and after a year or two years they gave us free residence as well.

GPI2: so having obtained that Zimbabwean policy we could go and apply for the Zimbabwean policy but GPI3 had to change his um, work permit from the farming area, it was a specific one. He had to change it to an open one, in order to apply for the Zimbabwean policy, but how to do it, he had lost his passport, so we sort of struggled.

GPI3: That policy just came effective I think. What we did we sat down as Zimbabweans and we formed our own association, the Zimbabwe Association, then from there we were able to talk to the local MPs, to the politicians and they pushed that our concerns to the Government and thats how we got the residence policy approved. It wasnt easy, but we had to form an organization, yeah. Yeah, it was, it was very

difficult, and when we sat down, we said guys, we cant win if we go one by one. So what we can do is in order to achieve or to win let us unite. Let us form a group and those days we were one, we were united. It was just a phone call and we were one, yeah and we were very much united.

The process of obtaining residence could still be challenging however, particularly for those who arrived after the specified policy time period: GPI8 (migrated in 2009): Um, when I came here I had a work permit, and my husband was on a student visa and after his studies it wasnt hard, we just applied for permanent residence and we found out the requirements were too much and the process was too long, they took their time, Kiwis, they dont rush, theyre not in a hurry exactly, but otherwise as long as we stuck to their requirements it doesnt matter.

GPI7 (migrated in 2005): As for me, Ive been visiting family here, they look at familys centre of gravity. I had only one child here. I have four children and I had one child here, and three children in Zimbabwe and a husband. And they were asking me why you are wanting to stay here, with only one child, when your familys in Zimbabwe. So that took a long, long time. I think seven years.

Culture

Two of the participants reported finding it difficult to adjust to the New Zealand culture as they claimed New Zealanders to be conservative, who wanted to keep to themselves. Culture shock was their major concern as they came face to face with a culture that was completely different from theirs: Um, I think the main one for me was culture shock. Although I was coming from another Western country, but to find that the Kiwis are very conservative yes, um it took us a while even to kind of link with our neighbours. Of course they say, hi, hi but thats it. And I find it very, not welcoming. But after a while they kind of get used to you. I think they just need time to trust you and know you and...yeah, they give you a gap...I think theyre different from the Americans, and theyre different from the Zimbabweans, when we see a new neighbour we kind of welcome them (GPI8).

Participant GPI4, who was also coming from another western country (UK), also described his initial experience as culture shock, involving the transgression of a cultural taboo: For me probably my first two days or first day in New Zealand

were the most cultural shock for me, because the first one was Id never been in a backpacker before and I went straight to a backpacker and they sent me to a room, opened the room and there were women in there! I quickly closed the door rushed back, and said, I think youve put me in the wrong room. no, no, no, you just requested a room... yeah...I said to them, No, no there are women in there in the same room, youre almost sharing a bed so they sort of understood where I was coming from, all that was a challenge.

5.1.3 Acculturation/Fitting in in New Zealand

In spite of the experience of culture shock reported by some of the participants, and some experiences of racism/discrimination (see next section), a number have persisted in embracing Kiwi culture as well as showcasing their culture. Several now identify themselves as Kiwis while there are others who are sceptical about identifying this way although they are happy to have been accepted as community members. I think that we, I think generally Zimbabweans are regarded as very, very hardworking people, and because of that I think we are penetrating all the areas that we never used to be able to. And um, adjusting also to the new culture. I think we have actually built a bridge and we are meeting half way, taking the Kiwi culture and also bringing ours, making New Zealand a rich countryFor me, I cant say Im there yet, but its a process, theres still lots more things that I need to learn to accommodate everything about the new country, the new culture. Its probably a lifetime process(GPI2).

One of the participants (GPI3) boasted that he felt like a Kiwi since he now holds a New Zealand passport: I feel like a Kiwi! I have got my passport now...and the most important thing is to follow the Kiwi rules, I mean the rules of the land and the respect the people of the land. So thats the most important thing.

But some questioned whether they are authentic Kiwis regardless of having acquired a New Zealand passport. Participant GPI2 felt this was a universal issue or pattern associated with migration: I think thats everywhere. Even if you go to Zimbabwe, a similar thing, that foreigners, we always look at them as foreigners, and I think its a reality that we should exist. I shouldnt, Im not supposed to feel like, to consider

myself a real Kiwi, because Im not. And I will never be. But Im living in a Kiwi land and was accepted. And that acceptance I cherish it, and thats how we should be. She accepted the reality surrounding migration and acculturation and she added: I think its a natural thing, living among the Kiwis, youve still got those kind of... yeah. Or someone from North Island or from.... yeah so I think its something that we should just accept and learn to live with it. And live our lives and move on.

One of the participants believed that they can never fit in but simply adjust after having improved their education as well as working extra hard to prove themselves: I dont think its fitting in as such, I think weve just adjusted. Because well never be like them. Even our kids growing up here, they will never be kiwis, they will always be asked, where are you from? Where did you originally come from? Because of our skin colour. Of course like (W) said, we fit, but I think we adjust, we know, were going to... we know were going to cope by educating ourselves. Were not going to give up. When I educate myself Im going to get a job like, just like your one. When I get into that work, I have to work extra hard to prove myself so well always work harder. (GPI8)

Participant GPI1 recalled that when she first came to New Zealand she was identified primarily as African. But due to changes in the wider environment (including New Zealanders increased exposure to diversity as a result of immigration), she was now sometimes mistaken for a black American or someone from France: And also Id like to say that as much as they see us different, but um, like if they look back, like ten years ago, theyll just identify that you are from Africa. But now, Ive met a few people asking me whether Im from France or..... to show my American passport.

Participant GPI4 also noted the importance of physical appearance and looking like a Kiwi in relation to fitting in: I tend to think yes. I can feel like a Kiwi, but do I really look like a Kiwi thats the main question. I do feel like Im part of this nation, Im part of this society, but regardless of what happens, as long as my skin colours still the same, I feel like part Kiwi.

5.1.4 Effects of acculturation

When the participants were asked if the acculturative challenges they faced affected them emotionally, several noted stress and depression in terms of mental health impacts. For participant GPI3, there were also physical and functional impacts: Yeah, yeah, yeah... I went to that extent exactly. Even to sort of forget what Im doing sometimes, and I was like this (heavily built) when I came here. When I was there working in the farm I lost half my weight. Heres the funny storyone day when [my wife] was coming, I said oh, you know, those trousers, those things, those clothes my wife used to like them. Because I dont buy things. She bought everything for me and I carried them I said yeh, I am going to dress in one of those clothes. I did not notice that I was so thin and there was no time and I ended up putting them on. When I got to the airport she cried. She really cried. But thats when I discovered that I was so thin. So it affected me.

Stress impacted on one participant, although she was not aware initially that this was what was affecting her: I think stress was just catching up with me silently, and weve never heard of that name, its not a very popular name back home, stress, and we probably all of, like myself I didnt even know how stress affects people. So I didnt realize that that was stress that was catching up with me slowly, and I started feeling demotivated, not wanting to do things that I used to like, and no exercise, just sitting and eating and yeah, and you start getting those memory losses and your bodys just tense, and you dont realize its stress. So I think thats how it affected me emotionally (GPI2).

Another participant was reluctant to seek help or treatment for her emotional state, due to this being discouraged in Zimbabwean culture: For me, um, I think our first three years were really hard emotionallyemotionally definitely, I thought I wish I can just go back. Unfortunately my husband liked it here so we couldnt turn back and go back but if I had gone to a doctor I think I would be on depression medication, but its one of the things we dont do culturally, but I think yeah, it did affect us emotionally, a lot. (GPI8)

Participant GPI1 was affected by her migration experiences, but she felt that having encouraging peers was a significant support: It affected me, but Im not sure how

long it did, but um, if you are living among others they keep on encouraging you, so I was encouraged by my friends.

One participant noted the different acculturation experiences arising from living in smaller towns compared to larger cities. GPI4 reported minimal difficulties upon arriving in New Zealand as he felt more accepted and welcomed in his first place of residence. His acculturation problems began when he moved to a bigger southern city: For me, I think um my emotional issues sort of came when I came to Christchurch. Having landed in Auckland and staying in Napier where everyone was so accepting in Napier things were good. Everyone was accepting, you know, you dont even feel it. Then when I came to Christchurch youd go onto a clients site and um, youd see them making a phone call, youd get a call from work saying, no, they dont want the service anymore. Initially it sounded like the problem has been solved but you will see the company sending someone else on the same job. At one stage, one old lady simply said, I cant accept someone like you, you probably dont know what youre doing.

In this instance the experience of outright racism was confronting. Participant GPI7 shared similar experiences in the course of her care-giving work: Kind of but after all you need money to survive and you had family that was back home that needed support from here. Like everyone was talking about racism, I also came across it and some clients would tell you that we do not need someone like you. They will ask you whom you are working with.

5.1.5 Coping strategies

A key coping strategy adopted by several of the participants was a conscious decision to form a collective/association through which they could channel their grievances to the relevant authorities. In addition, several joined together in groups to showcase and celebrate their own culture and cultural practices to the wider community, making many friends in the process:

Yeah, it was, it was very difficult, and when we sat down, we said guys, we cant win if we go one by one. So what we can do is in order to achieve or to win let us

unite. Let us form a group and those days we were one, we were united. It was just a phone call and we were one, yeah and we were very much unitedme and my wife, we sat down and we said look here, why dont we show them our culture? We started our group with my kids and it was a bit tricky because a lot of people loved us, because they knew, they started knowing us, and one person came to us and said, look guys, now we know you now. Because you are showing us who you are now. So thats the trick we did with my family, we started our cultural group and now to tell you the truth weve got thousands of friends because of that, and I think thats how we managed to beat this. (GPI3)

Furthering their education and that of their children was a further strategy for adjusting to life in New Zealand, helping participants to integrate and feel accepted and regarded as Kiwis. Myself, I think, yeah, getting used to the culture, and trying to adjust. And that, weve also redeemed ourselves through education as I said, we feel like were in the mainstream now. Because were now accepted so I feel that kind of helped us settle because now I can also do any profession that I feel like doing, so were in the same, yeah, level now, so I feel like Im fitting well now. (GPI2)

Resilience was one of the factors that helped in coping with the new environment, referred to by one participant as not giving up: Well, you know our culture, giving up is not in our vocabulary. Its because of what is pushing you to do something, but here there were times when I could, I think Im sick of this. If I do Ill go home. But I had the family that needed my support, I had a daughter that was studying in Australia, so I had to keep on working to support her, yeah (GPI7).

One participant felt that actively learning about New Zealand culture was important, although this may sometimes involve relinquishing prior cultural values: I also think by learning the kiwi culture, It has helped us to connect with them. Though we sort of give up some of our cultural values not all but some of it just to fit with them (GPI1).

Participant GPI4 reported that prior to moving to New Zealand he had somewhat lost his culture. However, coming together with other Zimbabwean migrants as a collective helped him to rediscover and reconnect with his culture: Im from a different perspective and background as well, because the main reason I left Zimbabwe

unlike most people, was not economic. I grew up in a family that was disjointed and I ended up not being a part of any part of that family. And when I left Zimbabwe the main aim was actually to become someone new. I wanted to disconnect myself, totally disconnect myself from what Id experienced and where I was coming from, I was looking for a new life. And when I came to New Zealand, that opportunity arose that you know, we were isolated in Napier, we didnt have any other Zimbabweans around, very few Zimbabweans around us, so we were really building a new life now. The culture that was there from building it on from what wed experienced in England, we were actually building a new culture. But when I came down to Christchurch, I sort of came across, most of the people are here and something again started reminding me of where Id come from, which I tried to disconnect myself from. And I had been disappointed a lot in my life, especially with the elderly people in my life. But when I came to Christchurch, especially for me, most of the elderly that I met, they were lovely people. So it was something that I had not experienced. So I actually started regaining my Zimbabwean roots as well, just by meeting people here. For most people, they are surprised that what I know about Zimbabwe, what is inside me about Zimbabwe has actually been learnt here in Christchurchso when I came to Christchurch, funnily enough is where I actually built my own culture, thats when it started building in me, and I got associated with the guys, the association thats been talked about, I got into that, and I got into a church that had a lot of other Zimbabweans as well, so that sort of built me up culturally, and emotionally it actually has replaced a lot of what I lost, and I have gained a lot from being in New Zealand. Not necessarily from New Zealand itself as a country, but from those who have also migrated into New Zealand and Ive sort of... it actually brought me to a better state of mind, and I started even recommunicating back home with the people that are home. profile Participant GPI6 went a step further in terms of acculturating by learning te reo Mori, the indigenous language. And theres another coping strategy I think on behalf of everyone here, is further education. And this is a good example for belated education. And some of us went even further to learn the local language like me. I spent three years studying te reo, and it has opened my sphere, now I know almost everyone. All the shakers and movers because of that, I go into their communities, if I go to Ngi Tahu I know

everyone by name, I can talk to them, so it opens the whole world up for me, yeah.

5.1.6 Summary

This section provides a summary of shared migration experiences. For almost all the participants, although migrating for different reasons, their motive seems to be seeking better opportunities elsewhere. They all had difficulties in finding jobs that were relevant to their experiences and resorted to jobs in the farms and care work. During their early days in New Zealand, the participants indicated the challenges they faced including obtaining work/residence visas. They also indicated the impact acculturation had on their mental health and strategies they used to cope. They also indicated how they now feel in fitting in in New Zealand society. Most participants reported education and up-skilling themselves as ways they managed to cope and be able to fit into NZ society. Some participants reported that they feel to be proud Kiwis as they now hold NZ passports but some indicated that they did not think they will ever be the same as Kiwis.

Chapter 6

Discussion

6.1 Summary of the key findings

The purpose of this study was to explore the relationship between acculturation and mental health among migrant black Zimbabweans living in New Zealand. As research of Zimbabweans living in New Zealand and other countries is limited or has not been conducted before, this is a first of its kind. Hence, this research was aimed to collect data both qualitatively and quantitatively; the aim was to explore the individuals' acculturation experiences and how their acculturation experiences have impacted on their mental health. Knowing this in the context of Zimbabweans is important for two reasons.

First, although there has been research on other ethnic groups in regards to the relationship between acculturation and mental health in New Zealand, little research is available on black Zimbabweans. Knipscheer and Kleber (2007) stated that existing literature on acculturation focuses on Asian and Hispanics living in Australia, North America and New Zealand immigrants. Hence this research will shed new light on the adjustment, acculturation, and mental health of the migrants from Zimbabwe). Second, the process of developing an understanding of the acculturation pathways and linking them with the mental health profiles may uncover contextual issues about Zimbabweans living in New Zealand, e.g., pre-migration, community involvement, employment experiences and financial stresses. In turn, a

closer understanding of these issues may lead to new inquiries and add knowledge that can be used for developing strategies for migrant health, and management of stressors.

This research was based on both a cross-sectional survey and a qualitative analysis of their lived experiences obtained through one group interview. The research included black Zimbabweans living in New Zealand as participants. Acculturation was measured using the Vancouver Index of Acculturation. This measure was separately administered with the WHO Quality of Life tool measure in order to assess mental health status of the respondents. It is important to note that 26 % (N = 10) of the participants reported negative feelings such as blue mood, despair, anxiety and depression. This is an important research finding showing a substantial correlation between acculturation and mental health. In addition, key informants in the community were interviewed and a group interview was also conducted to obtain experiential information from the participants. The other Key informants were professionals working with black African migrants in New Zealand. The purpose of this component (the key informant interviews) was to compare the experiences of the Zimbabwean migrants with those from other parts of Africa. The key informant interview text and the data from cross sectional survey was analyzed together to develop an understanding of the relationship between acculturation and mental health of the immigrant community.

6.2 Summary of the Survey Research

This study used a cross sectional survey in order to ascertain the relationship between acculturation and mental health among Black Zimbabweans living in New Zealand. Acculturation was measured using a validated Vancouver Index of Acculturation instrument of acculturation and the mental health component was measured using the World Health Organization (WHOQoL-Bref) quality of life tool. The VIA was administered separately with the WHO Quality of Life tool measure. The findings of the survey were discussed basing on the research question that was framed to guide this study. In order to complement and substantiate the survey

findings, qualitative data was gathered. The survey questions were in relationship to the participants' current situation while the group interview highlighted the participants' acculturation experiences over a period of time. Of the 48 participants who responded to the survey, 54 percent (N=26) were women and the sample was based on young adults, middle aged who are well educated and migrated from the beginning of year 2000. The average percentage of the participants who fully answered the questions on acculturation was 60% and the average percentage of those that responded to the health related quality of life was 79.1%.

On quality of life component, the majority of the participants were happy with their quality of life as most of them did not require medical treatment to function in their daily lives. When asked how much acculturation had impacted on their mental health, 68% of the participants reported to have a little or moderate amount but they believed that their lives were meaningful and had high levels of concentration.

On the acculturation component, the participants' responses indicated that they had accultured well within the New Zealand culture and seemed to have integrated well. They indicated that they were happy to maintain their own culture as well as embracing the host culture and values. They also had no problems in marrying from either culture. The participants also reported that they were happy to make friends, socialize and interact with people from both cultures.

Basing on Floyd Rudmin's fourfold theory, an individual can practice, appreciate or be identified by two different cultures that are independent of each other (Rudmin, 2003). According to the Rudmin matrix as shown in the culture matrix (fig-4.16), a culture can have a negative and positive attitudes valence which can represent an individual's negative and positive attitudes, attachments, identification and preferences. The matrix uses a measurement scale makes use of double burrelled questions. The results of the culture matrix (fig-4.16 shows that majority 45.71% of the participants chose to abandon their heritage culture in favour of the New Zealand culture (separation). On the social matrix (fig-4.17), the participants seem to have integrated well as they adopted the host social activities and simultaneously maintaining their own social activities. The participants also maintained their cultural values as well as adopting the host cultural values (fig-4.18) showing that

they integrated well on this matrix. On the friendship matrix (fig4.19). Majority the participants (60%) chose to abandon their heritage friends in favour of the New Zealand friends which show separation. Judging from the four matrix, the participants seemed to have integrated well. In this study, the participants have either integrated or assimilated as Rudmin (2007) stated that integration and assimilation have similar non significant relationship with stress.

6.2.1 Summary of the Group Interview

During the group interview, five themes emerged from the participants' responses. These were :

1. The reason for migration
2. Key challenges faced
3. Acculturation/fitting "in" in New Zealand
4. Effects of acculturation
5. Coping strategies

6.3 The reason for migration

The qualitative and quantitative data indicate that most of the participants left Zimbabwe for more than one compelling reasons. The mode of transport and routes they used were not specified. The participants narrated their experiences regarding their reasons to migrate to New Zealand as possibilities of employment, greener pastures, looking for a place to settle as a family, family reunion, economic hardships and government was on the verge of breaking down. Some of the decisions were made as a family while some were due to peer pressure. One of the participants (GPI1) was forced by peer pressure as most of her mates were all going out of the country in search of jobs and better opportunities. **The participants in this study all seem to have voluntarily left their home country and are significantly different from asylum seekers /refugees who are forced to migrate to countries where they have no choice

of destination**. Although each participant had their own reasons that led to their migration, through the analysis of their discussion, I found that the main reason for them to migrate to New Zealand was in search of better opportunities.

6.4 Key challenges faced

The main challenges the participants faced after arriving in New Zealand was getting a job especially the job that was relevant to their qualifications. They also found it difficult to obtain work or residence visas. They reported that it was a big challenge to apply for a residence visa as most of them did not have professional jobs and even those with professions, could not find the suitable jobs as they lacked New Zealand experience. Some of the participants found it difficult to fully adjust to the New Zealand culture as they found the Kiwis to be conservative. They claimed the Kiwis kept to themselves and at times one would spend weeks or moths without seeing or talking to your neighbours.

The participants indicated that they have gone through most stages of acculturation and the survey results suggest that most of them are living a life that is as normal as most white New Zealanders.

Adjusting to the New Zealand culture was another challenge that the Zimbabweans faced when they first arrived in New Zealand. The saw the Kiwis as people who wanted to keep to themselves and they noted culture shock as a major concern. It is true that migrants are under pressure to adjust culturally to the host culture (Rudmin, 2007). Rudmin (2007) noted that there were systematic failures in the acculturation research . He also noted many reasons including:

> Failure to link psychological research to legal scholarships in acculturation, failure to cite prior research, failure to correctly test claims that one kind of acculturation is less stressful than the others, failure to compete theories against opposing theories as well as failure to understand the logic of the theories.

He concluded that generally acculturation research does not have a good record.

At times the participants experienced higher levels of cultural conflict and complain of cultural shock. Although they identified the cultural conflict as cultural shock, the term acculturative stress would be appropriate for two reasons (Berry, 2005). The first reason is that the concept of shock carries negative connotations only while stress in itself can vary from negative to positive.McLaren (1998) described culture shock as disorientation that comes from being plunged into an unfamiliar setting " p9. The participants found themselves in an unfamiliar culture and all they experienced was different which resulted in them feeling confused, incompetent and anxious. Other studies have identified the symptoms of culture shock as being angry, anxiety, feeling rejected by the host and feeling helpless (Gudykunst and Kim, 1992). Although the participants faced different challenges, the findings indicates that the most common challenge faced by the participants was obtaining a permanent residence visa.

Getting a work visa was also a challenge but the participants had an option of joining the farming industry in order to renew their work permits. It was difficult for the participants to apply for permanent residence as for one to do so they had to be in a skills shortage employment which was not the case with most of the participants as they could not find suitable jobs due to lack of New Zealand experience. As a major challenge, the issue of residence visa brought the Zimbabwean community together and they worked as a united community to channel their grievances to the government until a Zimbabwe special policy was gazetted by the then Labor government which allowed every Zimbabwean who arrived in New Zealand before the 23rd of September 2005 to be able to apply for residency. The policy allowed those who met the deadline to apply and obtain residence visas regardless of their health issues or even if the did not meet the normal entry rules. Critics challenged the then Immigration Minister Paul Swain that the government had picked Zimbabweans ahead of people from other strife torn countries because most of them were white Zimbabwean farmers who lost their farms and had no formal qualifications to apply for residency. The Minister rejected this claim indicating that half of the beneficiaries were black and their country was being run by a tyrant. This was indeed a major challenge which many Zimbabweans were happy to overcome (ImmigrationNZ, 2006).

6.5 Health and Well-being and quality of life

Overall, the participants in this study reported that they all enjoyed good physical and mental health and reported that they enjoyed a good health related quality of life. They also "fitted" well into the New Zealand dominant culture while maintaining their own cultural values and practices. These highlight the role of balance and adjustment to the dominant culture of the adopted country for the first generation migrants.

6.6 Acculturation/fitting "in" in New Zealand

As the participants were trying to adjust to the Kiwi culture and trying to 'fit in' in the New Zealand culture, they thought of showcasing their culture as well and educating themselves. One of the participants (GPI2) by accepting the Kiwi culture as well as bringing their own, a bridge was built and they believed they were meeting halfway. Most of them believed that by educating themselves and acquiring qualifications that were recognized in New Zealand has helped them a lot to be able to fit in the New Zealand society and workforce. Some stated that that even if they now hold New Zealand passports and feel like a Kiwi, they asked themselves a question whether they will ever really look like a Kiwi. One of the participants (GPI8) still does not believe that it is really fitting in but just adjustment as she also claimed that Zimbabweans will never be like the New Zealanders. The stigma still remains the same that even if you child was born here 20 years ago, they will keep asking them where they are from.

6.7 Effects of Acculturation

According to the survey results on health related quality of life, table 7 shows that 89 % (N = 34) were happy with their present quality of life almost 50 % (N = 19) enjoying life in New Zealand. 68 % (N = 26) of the participants reported having little or moderate amount on how acculturation had impacted on their mental

health. Comparing these results to the group interview where the participants were sharing their lived experiences, most of the participants noted stress and depression as a major impact on their mental health. One of the participants (DPI3) even complained of physical impact. The most significant stressor that was talked about much was finding a job in order to obtain a work visa.

Table eight shows that 38 participants out of 48 respondents completed items on the impact acculturation had on mental health. 68 %;N = 26 of the participants reported little or a moderate amount on how acculturation had impacted on their mental health with only 18 % (N = 7) having had much impact on their mental health. At the time of the survey, 58 % (N = 22) believed their lives were meaningful and having 76 % (N = 29) of them having high levels of concentration. A significant number of the participants often encounter negative with 52 % (N = 20) indicating that they seldom have negative feelings and 26 % (N = 10) reporting that they quite often encounter negative feelings such as blue mood, despair, anxiety and depression

6.8 Coping Strategies

The participants reported that their key coping strategy was to form a collective group so that they will channel their problems to the government through one voice. The participants also started some cultural dance groups in order to also showcase their culture which in turn earned them many friends. GPI3 decided to showcase their culture by forming a cultural group with his wife and children. The other participants believed furthering their education and getting New Zealand qualifications made it easier for them to overcome the gap that was there between the Zimbabweans and the Kiwis as GPI8 indicated that furthering her education helped to build a bridge between the two cultures.

6.9 Conclusion/ Limitation & Recommendations

The Zimbabwean migration experience found in this study was consistent with finding from New Zealand Longitudinal Immigration Survey where researchers identified

that the common reasons for people to migrate to New Zealand were a relaxed pace of lifestyle, employment opportunities and a better and safer environment for children. (Zealand, 2013). The Zimbabweans also reported isolation as one of their stressors during acculturation which was similar to the Russian experience in New Zealand. The Russians felt isolated by the fact that they were finding it difficult to adjust to the new environment due to language barrier (Maydell-Stevens et al., 2007). This was not the same with the Zimbabwean migrants as they had no language barrier being already fluent in English.

The participants in this study mentioned 'greener pasture' and escape from economic hardships in their native country as their motives to migrate to New Zealand. This stands out in contrast with findings that others reported among New Zealand migrants in other populations.Bhugra (2004), in his study on migration and health, he stated that "the process of migration is not simple and straight forward". In his other article on migration, distress and cultural identity, he stated that the process of migration brings change to individual or groups and identified education, economic betterment and political upheaval as migrating factors (Bhugra, 2004). Porter (2006) findings, in his study on migration and acculturation preference of SA migrants in New Zealand were also similar to the conclusions from Bhugra's study. While most African migrants are motivated by career advancement and education, it is not the same with refugee migrants who are forced to migrate due to having experienced a combination of civil wars, political instability and famines (Chile, 2002).

At the time of the survey, 68% of the participants reported feeling a little or a moderate amount on how acculturation had impacted on their mental health. Only 26% reported having felt negative feelings such as blue mood, anxiety and despair. This was not the same with the findings bySchweitzer et al. (2006) in his study on Sudanese migrants adjustment to the Australian culture. The study reported that post migration stressors such as finding it difficult to adjust to the Australian culture were associated with mental health issues such as anxiety, depression and somatization.

This study is similar to the study on South Africans in New Zealand byPorter (2006)

andUdahemuka and Pernice (2010) who found that integration to New Zealand was easier to voluntary migrants whose main motive to migrate was related to their attraction of New Zealand. Voluntary migration due to pull factors and an attraction to the destination country is considered to translate to positive adjustment. In the same way most of the Zimbabwean migrants in this study were attracted to New Zealand either for family re-union or greener pastures, these factors have helped them to have a positive adjustment. Some of the participants were surprised to observe that the Kiwis were very conservative and usually kept to themselves. This came as culture shock which (Oberg, 1954) conceptualized it as "as the consequence of strain and anxiety resulting from contact with a new culture and the feelings of loss, confusion, and impotence, which are due to loss of accustomed cultural cues and social rules". One of the participants experienced culture shock when he was booked in the same room with women on his first day in New Zealand. This is considered as a taboo in the participants culture

6.9.1 Findings

The findings of this study confirm the existence of a complex relationship between acculturation and mental health. An interesting finding from this study that is worth mentioning is that when the participants were asked if they were in favour of maintaining their own cultural values or embrace the New Zealand values, they returned 93% and 90% respectively. This indicates that the participants hold a bi-cultural value which combines both the Zimbabwe and New Zealand cultural values. This indicates that the findings did not follow a liner unidimensional model during the acculturation process but a multidimensional one. Early studies on acculturation have suggested that acculturation to be a unidimensional model. A unidimensional model gives a choice of an individual to maintain their own culture or adopt the host culture but Berrys bidimensional model indicates that acculturation should be multidimensional and has four type of acculturation outcomes (Berry, 2006). The four outcome are identified in the study are:

1. Integration which indicates that an individual can adopt the host culture simultaneously maintaining their own culture

2. Assimilation indicates that an individual chooses to be identified by the host culture and chooses to abandon their original culture.

3. Separation implies that the individual chooses to ignore the host culture and and persists with their heritage culture.

4. Marginalization indicates that an individual abandons their own culture at the same time refusing to adopt the Host culture.

The study can reveal that the Zimbabwean participants chooses to interact with people from their heritage culture as well as maintaining their heritage culture. Nonetheless, the participants have also accepted the New Zealand culture with some being proud to be having a New Zealand identity in the form of a passport. While 80% of the participants in this study accultured in a positive way and seem to have integrated well, a substantial 20% have shown signs of depression and anxiety.

6.10 Limitations of this study

There were several limitations to this study. The sample size was small as this researcher could not find a large number of willing participants to take the survey or to participate in the group interview. The other limitation was that not all the participants completed the survey questions or some chose not to answer all the questions. The survey questions might have seemed too long to participants resulting in missing data. The advantage was that there were standardized instrument to measure both acculturation and Qol. The QoL instrument helped in rounding the score to a full number as the missing value was imputed by the mean of the other scores on items of that domain. One other limitation was that the group interview was limited to participants in Christchurch in the South Island; a larger and more diverse group interviews would have made a difference in the results. I could not establish a a more specific correlation between acculturation and mental health because it was not possible to connect the two questionnaires at this time; this will be done in future research. As this was a cross-sectional survey, the participants' responses might have been influenced by their recent life events, so recall bias cannot be ruled out. Nevertheless, this study has found that a substantial number of

participants (20%) reported signs of depression and anxiety.

6.10.1 Strengths of the study

This is the very first study to explore the correlation between the acculturation of an African ethnic group in New Zealand and mental health which, will hopefully lay a foundation for other studies involving other African groups. The use of the group interview methodology gave a depth perspective on the participants experiences of adjusting to the New Zealand culture.

The group interviews produced a powerful and at times emotional discussion where the participants were free to share what they had never shared before. A group discussion is a suitable method for the African community as that is the oral tradition that they have grown up with.

6.11 Recommendations

This researcher recommends further work on this topic in order to address this study's limitations as well to achieve more accurate results. A larger sample size covering both Islands of New Zealand would be preferred. More financial resources would be required in order to improve on the incentives for a fully completed and returned questionnaire. This would help in retrieving better and more accurate results. Since this study was only about Zimbabweans in New Zealand, it would be better to compare with other minority groups in New Zealand or Zimbabweans in another country in order to understand how other minority groups managed to cope. In this study, it was not possible to link the acculturation experiences with the mental health status on a one on one basis. This could be accomplished in future correlational studies which may also blend a qualitative feature whether consensual qualitative research, phenomenological, grounded theory of in-depth case studies.

6.12 What is the importance of this research and these findings?

This type of research is important for the planning of health care and designing of mental health programmes for the migrants in particular, and in general, it is essential to understand the lived experiences and measure the prevalence of the various mental health stats. In this context, very little was known about the Black Zimbabwean migrants living in New Zealand and this research is aimed at closing the information gap. As migration from Africa in general and Zimbabwe in particular is increasing in New Zealand, this research will benefit the planning of health services and will add to new knowledge in the field of immigrant health. The findings from this study will also help the key informants in this study that are involved daily working with migrants. Organizations such as the Canterbury Resettlement Center and the Migrant Center are such organizations that would also benefit from such a study.Both the survey and the group interview have proved that there is a relationship between migration and and mental health among black Zimbabweans living in New Zealand,

6.12.1 Suggestions for further studies

This study may serve as a basis for further studies of Zimbabwe migrants acculturation experiences. Acculturation clearly takes place over time. The Zimbabweans who were involved in this research had resided in New Zealand for different periods of time. Therefore, it is not possible to ascertain the preferred acculturation orientation. On the other hand, according to the research findings, the Zimbabwean migrants had no problems in adjusting to the New Zealand culture and preferred the integration strategy. Taking into consideration the increased reunification of families among the Zimbabwean migrants, it would be appropriate to carry out research on the acculturation phenomenon which takes place in the second generation and further generations. As this is the first study on the acculturation experience of Zimbabweans in New Zealand, there is need to compare the coping strategy used by the participant with other migrants from other African countries or comparing the

acculturation experiences of Zimbabwean migrants in other developing countries.

Since this is the first research on the acculturation of Zimbabweans in New Zealand, it should be considered as a foundation for future research. This research might lead to exploring the second generation of Zimbabweans such as children and youths. Some of the participants in this study talked about racism and isolation as some of the challenges they faced in New Zealand. One of the participants was told that we do not want someone like and the other was not even allowed to do their work due to lack of trust that a person of his colour could not do a good job. In this regards it would be essential to explore the impact of racism on Zimbabweans and Africans in general on their well-being.

It is also essential to explore the Zimbabweans concept of mental illness. Some of the participants professed ignorance on how they were feeling during their acculturation experience. They could not differentiate between stress and depression as they claimed that back home they did not know what stress was. In general Africans believe mental illness as an un-treatable disease. In this regards further research is needed in order to explore their concept of mental illness and to create an awareness of mental health services available. There is also need to educate them in order to have an understanding of what is mental illness. Their belief is that mental illness is only caused by bad spiritual forces. There is also need for integration policies which might uniquely address the mental health needs of immigrants and provision for appropriate mental health services for immigrants should be increased. Due to the limitations mentioned above this research cannot be expanded further at this stage.

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Chapter 7

Appendices

7.1 Information sheet

UNIVERSITY OF CANTERBURY
Te Whare Wānanga o Waitaha
CHRISTCHURCH NEW ZEALAND

Information Sheet for Participants

School of Health Sciences
03-3458161
Kaibos.mapuranga@pg.canterbury.ac.nz

The Relationship between Acculturation and Mental Health among Black Zimbabwean Immigrants in New Zealand: A Cross Sectional Survey

My name is Kaibos Irvine Mapuranga and I am Master Degree Health Sciences student conducting a research on black African Zimbabweans living in New Zealand. This research is part of my Master of Health Sciences Qualification at the University of Canterbury, Christchurch. I would like to invite you to take part in this research.

The aim of this study is to investigate and analyze the relationship between acculturation and mental health among black Zimbabwean immigrants in New Zealand, their experience of adjusting to a new culture especially the psychological adjustment. I am the principal investigator of this project. I will collect data and analyze data from your input. The information from this research may also be disseminated at public presentations and may be published. A thesis is a public document and will be available through the UC Library. Your involvement in this study is to respond to the questionnaire and choose to participate in focus groups

If you accept this invitation to be part of this study, you will be asked to:

- Sign a consent form
- Fill in a demographic questionnaire about your background
- Complete a survey questionnaire
- May be asked to participate in a Focus group session of about 10 people.

I have enclosed a self-addressed envelope for you to return the consent form and the demographic questionnaire. On receipt of the consent form, I will then send you the

survey questions which you will also return using the self-addressed envelope I will send you

The focus group session in regards to your experience as an immigrant and how you managed to adjust to the New Zealand culture may last 60- 90 minutes. The session will be audio-taped with your consent and you will be free to stop the recording at any time during the interview if you change your mind about participating in the study or need more information. An opportunity will be given to all participants to read and/or edit the transcript before I write the full report. Their identity will not be revealed and detailed information stored in a password protected computer. The venue for the focus group session will be preferably the University of Canterbury rooms and one of my project supervisors might be present.

Confidentiality

All information that you will provide will be kept in a secure place. After the study, my supervisor will keep all information secured at the University of Canterbury. I may not guarantee your anonymity due to the nature of narrative methodology as your focus group discussion will be quoted in the thesis and it might be possible that someone who knows you might be able to recognize your story.

Discomforts and Risks

In general, there is no foreseeable risk for you in the completion of this study. All information are kept strictly confidential and your identity will not be revealed. If you need more information about this study please contact the researcher. We shall arrange to have consultation for those of you who may complain of emotional distress.

Obligation

You are not under any obligation to accept this invitation.

If you agree to participate in this study, you will have the right to:

1. Withdraw your participation at any time and withdrawal will be without penalty
2. Choose not to contribute in some discussions that might discomfort you
3. Have access to the findings of this study once the research is concluded.
4. Data may be used if I proceed to do PhD and intend to expand the project.
5. Discussions from the focus groups will be kept confidential
6. Discussion from the focus group will be audio recorded.

This project has been reviewed and approved by the School of Health Sciences, University of Canterbury and the University of Canterbury Human Ethics Committee (humanethics@canterbury.ac.nz).

If you are willing to take part in the study, please complete and sign the attached consent form which indicates that you have read and understood the information on this information sheet and complete the demographic questionnaire.

If further questions arise, please feel free to contact me or my supervisors. Our contact details are listed below;

Kaibos Irvine Mapuranga, Masters of Health Sciences student/ Researcher

kaibos.mapuranga@pg.canterbury.ac.nz 02102785959

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Annabel.ahuriri-driscoll@canterbury.ac.nz

7.2 Consent Form

UNIVERSITY OF CANTERBURY
Te Whare Wānanga o Waitaha
CHRISTCHURCH NEW ZEALAND

CONSENT FORM FOR PARTICIPANTS

School of Health Sciences
03-3458161
Kaibos.mapuranga@pg.canterbury.ac.nz

The Relationship between Acculturation and Mental Health among Black Zimbabwean Immigrants in New Zealand: A Cross Sectional Survey.

I have read the information sheet where the details of the study have been explained to me.

I have been given a full explanation of this research and have had the opportunity to ask questions.

I understand what is required of me if I agree to take part in the research.

I understand that any information or opinions I provide will be kept confidential to the researcher and the project supervisors and that any published or reported results will not identify the participants or their institution, etc. I understand that a thesis is a public document and will be available through the UC Library

I understand that all data collected for the study will be kept in locked and secure facilities and/or in password protected electronic form and will be destroyed after five years.

I agree that my speech in the focus group discussion will be digitally audio recorded

I understand that data may be retained for a possible use in a PhD

I understand the risks associated with taking part and the researcher has explained how they will be managed.

I understand that the focus group discussion will be kept confidential

I wish to receive a copy of the research from the researcher: Yes No

I understand that I can contact the researcher or supervisors for further information. If I have any complaints, I can contact the Chair of the University of Canterbury Human Ethics Committee, Private Bag 4800, Christchurch (humanethics@canterbury.ac.nz)

By signing below, I agree to participate in this research project.

Your name _____ Sign _____

Date __/__/_____

7.3 Ethics Approval letter

UNIVERSITY OF CANTERBURY
Te Whare Wānanga o Waitaha
CHRISTCHURCH NEW ZEALAND

HUMAN ETHICS COMMITTEE

Secretary, Lynda Griffioen
Email: human-ethics@canterbury.ac.nz

Ref: HEC 2015/77

3 August 2015

Kaibos Mapuranga
School of Health Sciences
UNIVERSITY OF CANTERBURY

Dear Kaibos

The Human Ethics Committee advises that your research proposal "The relationship between acculturation and mental health among black Zimbabwean immigrants in Christchurch, New Zealand: a cross sectional survey" has been considered and approved.

Please note that this approval is subject to the incorporation of the amendments you have provided in your email of 31 July 2015.

Best wishes for your project.

Yours sincerely

Lindsey MacDonald
Chair
University of Canterbury Human Ethics Committee

7.4 Demographic Questionnaire

UNIVERSITY OF CANTERBURY
Te Whare Wānanga o Waitaha
CHRISTCHURCH NEW ZEALAND

Project: The relationship between acculturation and mental health among Black Zimbabwean immigrants in New Zealand: a cross sectional survey

Demographic Questionnaire

Instructions:

The purpose of this questionnaire is meant to collect a few elements of demographic information. Please circle the appropriate word using a pen or pencil that you think best describes you and please fill in the blanks with the best information that you can provide.

Are you? [Indicate your gender by ticking (√) one choice]

Male ☐

Female ☐

What is your age in years? _____ (Please write the last completed year)

Which country where you born? _____

If you live in New Zealand but were not born here, when did you first arrive in New Zealand? _____ (Month) _____ (Year)

What is the highest qualification you have obtained? [Please select one]

Primary school ☐

Secondary school ☐

Diploma ☐

University ☐

Post-graduate ☐

Other (Please specify) _____

What is your occupation? (Please tick the best option, or fill in)

Accounting ☐

Government and Council ☐

Automotive ☐

Health Care ☐

Trades and Services ☐

Hospitality and Tourism ☐

Other (Please specify) _____

What is your residence status? (Please tick the best option, or fill in)

New Zealand citizen ☐

Permanent Residence ☐

Other (Please specify) _____

Length of stay in New Zealand (How long have you lived in NZ? Please select one)

Less than 4 years ☐

5 - 9 years ☐

10 years or more ☐

Thank You!

Thank you very much for your responses. Please put this filled in questionnaire in the supplied envelope and mail it to the address posted on the envelope.

7.5 Consent Form for Group Interview

CONSENT FORM FOR GROUP INTERVIEW PARTICIPANTS

School of Health Sciences

03-3458161

Kaibos.mapuranga@pg.canterbury.ac.nz

The Relationship between Acculturation and Mental Health among Black Zimbabwean Immigrants in New Zealand: A Cross Sectional Survey.

I have read the information sheet where the details of the study have been explained to me.

I have been given a full explanation of this research and have had the opportunity to ask questions.

I understand what is required of me if I agree to take part in the group interview discussion.

I understand that all data collected for the study will be kept in locked and secure facilities and/or in password protected electronic form and will be destroyed after five years.

I agree that my speech in the group interview discussion will be digitally audio recorded

I understand that data may be retained for a possible use in a PhD

I understand that the group interview discussion will be kept confidential

I understand that I can contact the researcher or supervisors for further information. If I have any complaints, I can contact the Chair of the University of Canterbury Human Ethics Committee, Private Bag 4800, Christchurch (humanethics@canterbury.ac.nz)

By signing below, I agree to participate in this group interview discussion under the conditions set out in the information sheet.

Your name _____ Sign _____

Date __/__/_____

7.6 Vancouver Index of Acculturation (VIA)

Vancouver Index of Acculturation (VIA)

Prevalidated

Please circle *one* of the numbers to the right of each question to indicate your degree of agreement or disagreement.

Many of these questions will refer to your *heritage culture*, meaning the original culture of your family (other than New Zealand). It may be the culture of your birth, the culture in which you have been raised, or any culture in your family background. If you do not feel that you have been influenced by any other culture, please name a culture that influenced previous generations of your family. Your heritage culture (other than New Zealand) is: _____

		Disagree								Agree
1.	I often participate in my *heritage* cultural traditions.	1	2	3	4	5	6	7	8	9
2.	I often participate in mainstream New Zealand cultural traditions.	1	2	3	4	5	6	7	8	9
3.	I would be willing to marry a person from my *heritage culture*.	1	2	3	4	5	6	7	8	9
4.	I would be willing to marry a white New Zealand person.	1	2	3	4	5	6	7	8	9
5.	I enjoy social activities with people from the same *heritage culture* as myself.	1	2	3	4	5	6	7	8	9
6.	I enjoy social activities with typical New Zealand people.	1	2	3	4	5	6	7	8	9
7.	I am comfortable interacting with people of the same *heritage culture* as myself.	1	2	3	4	5	6	7	8	9
8.	I am comfortable interacting with typical New Zealand people.	1	2	3	4	5	6	7	8	9
9.	I enjoy entertainment (e.g. movies, music) from my *heritage culture*.	1	2	3	4	5	6	7	8	9
10.	I enjoy New Zealand entertainment (e.g. movies, music).	1	2	3	4	5	6	7	8	9
11.	I often behave in ways that are typical of my *heritage culture*.	1	2	3	4	5	6	7	8	9
12.	I often behave in ways that are typically New Zealand	1	2	3	4	5	6	7	8	9
13.	It is important for me to maintain or develop the practices of my *heritage culture*.	1	2	3	4	5	6	7	8	9
14.	It is important for me to maintain or develop NZ cultural practices.	1	2	3	4	5	6	7	8	9
15.	I believe in the values of my *heritage culture*.	1	2	3	4	5	6	7	8	9
16.	I believe in mainstream New Zealand values.	1	2	3	4	5	6	7	8	9
17.	I enjoy the jokes and humor of my *heritage culture*.	1	2	3	4	5	6	7	8	9

18. I enjoy white New Zealand jokes and humor.	1	2	3	4	5	6	7	8	9
19. I am interested in having friends from my *heritage culture*.	1	2	3	4	5	6	7	8	9
20. I am interested in having white New Zealand friends.	1	2	3	4	5	6	7	8	9

7.7 Invitation to attend Group Interview Meeting

Invitation to attend Group Interview Meeting

Dear Fellow Zimbabwean,

Thank you for participating in my survey. As you know, I am conducting my Master of Health Sciences research on the association between acculturation (adjustment to life in NZ) and mental health among Black Zimbabweans in New Zealand.

As part of my research, may I invite you to a group interview (think of this as a small discussion group) on Saturday afternoon (2 – 3:30 PM), 19 September 2015, at the University of

Canterbury (UC) at Room 106, Waimairi Building, at the Dovedale Avenue, UC College of Education, Health, and Human Development. The focus group will be about exploring the

between acculturation and mental health among Black Zimbabweans living in New Zealand. I hope the focus group will provide you an opportunity to tell your story about settling in

New Zealand.

We may discuss the following in the group interview:

- What motivated you to move to New Zealand?
- We use the term "acculturation" to mean how well you managed to adjust to the New Zealand culture or way of life. What is your acculturation experience as a black Zimbabwean migrant? What difficulties have you faced in the acculturation process?
- How would you describe or rate your mental health status? To what extent do you perceive migration and acculturation impacting your mental health?
- What strategies have you used to cope in the new environment?

Your views will help me in finding answers to questions about acculturation and mental health outcomes that I could not capture during the survey.

I shall audio-record the group interview session with your consent. At any time during the interview, if you decide to change your mind about participating in the study or need more information, you will be free to stop the recording. I will remove your voice inputs from the recording and will not

process any information from you in the audio transcript. You will also have an opportunity to read and comment on the final draft of the transcript. Your identity will remain secure, confidential, and I shall store information in a password protected computer at the University of Canterbury for five years from the time of the group interview. After five years, this file will be deleted. My project supervisor(s) and I will be present in the focus group meeting.

To protect your identity, I shall scramble the audio recording to remove voice or sound based signatures. Further, I shall use a personal headphone to listen to the audio file. This will make sure that no one else has access to the audio stream.

If you would like to be part of the group interview session, please email me back to confirm your availability. I need to hear from you by 16th September, as I shall need to arrange for afternoon tea for the group interview. As a token of appreciation for your participation, I'd like to provide you with a voucher.

I thank you in anticipation and hope that you will be part of this project. I look forward to meet with you on the 19th of September 2015 at the Waimairi room 106 (Dovedale Avenue, College of Education, University of Canterbury) at 2 PM.

Yours Faithfully

K I Mapuranga

Master student at the School of Health Sciences,

College of Education, Health and Human Development,

University of Canterbury,

Phone: 02102784959

Email: kaibos71@gmail.com

7.8 Request about using WHOQoL Bref

Request about using WHOQoL-BREF NZ version for a Master Thesis Project

Arindam Bose [arindam.basu@canterbury.ac.nz]

Tuesday, May 12, 2015 4:51 PM
Thank You Professor Billington,

I greatly appreciate your prompt response and kindness in sending the BREF tool with the questionnaire. We agree to send you the anonymised data and share a copy of the Thesis/report once it is published. We shall also acknowledge your kind contribution in the Thesis text. To reiterate, this work will be done under my supervision by Kaibos, and we shall use this Instrument only for the purpose of the Master thesis. May we request permission to use it in publications that may arise as part of his Master degree work.

Kind Regards,
Arin Basu

On 12/05/2015, at 1:15 pm, Rex Billington <rex.billington@aut.ac.nz> wrote:

Dear Arin,
Your request for permission to use the WHOQOL-BREF is acknowledged. Attached is the user manual for the NZ WHOQOL-BREF with the questionnaire attached. You may reproduce the number of copies of the instrument that your student's research requires.

We agree to your proposed use of the WHOQOL on the conditions that it is only used under your professional supervision; that the forms are collected back from your respondents after they have been completed and used; and that the instrument is not used for purposes outside your present project. These conditions are important to adhere to in order to protect the integrity of the instrument.

Over the last year we have been validating the WHOQOL-BREF for New Zealand and find that the generic WHOQOL-BREF is suitable for use here. We have created new national items that are given with the NZ WHOQOL-BREF, but scored separately to the existing 4 domains and 24 facet structure of the generic version. We are compiling New Zealand reference norms for the WHOQOL-BREF but as yet do not have them finalised.

Once you have finished this project and have published to your satisfaction we would appreciate a copy of the anonymous data but with biographical information so that we may use it in the continual updating of national norms.

If you require any other information, please do not hesitate to contact us. Our good wishes for the project and to your student.

Yours sincerely,

Professor D. Rex Billington PhD,

Adjunct Professor of Psychology, Coordinator NZ WHOQOL Group,
School of Public Health and Psychosocial Studies,
Faculty of Health and Environmental Sciences,
AUT University, Auckland, NZ.

Mail code A-12, North Shore Campus | 90 Akoranga Drive, Northcote
Private Bag 92006, Auckland 1142,
NEW ZEALAND

Phone ++64 921 9999 extn: 7586

Arindam Basu [arindam.basu@canterbury.ac.nz]

Actions
To:
Kaibos Mapuranga]kim30@uclive.ac.nz[;Kaibos Mapuranga
Attachments:
)2(Download all attachments
Version 2 2014 User manua~1.docx) 257KB(; ATT00001.htm) 232B(

Tuesday, May 12, 2015 4:33 PM
See

Sent from my iPhone

Begin forwarded message:

From: Rex Billington <rex.billington@aut.ac.nz>
Date: 12 May 2015 1:15:09 pm NZST
To: Arindam Basu <arindam.basu@canterbury.ac.nz>
Subject: RE: Request about using WHOQoL-BREF NZ version for a Master Thesis Project

Dear Arin,
Your request for permission to use the WHOQOL-BREF is acknowledged. Attached is the user manual for the NZ WHOQOL-BREF with the questionnaire attached. You may reproduce the number of copies of the instrument that your student's research requires.

We agree to your proposed use of the WHOQOL on the conditions that it is only used under your professional supervision; that the forms are collected back from your respondents after they have been completed and used; and that the instrument is not used for purposes outside your present project. These conditions are important to adhere to in order to protect the integrity of the instrument.

Over the last year we have been validating the WHOQOL-BREF for New Zealand and find that the generic WHOQOL-BREF is suitable for use here. We have created new national items that are given with the NZ WHOQOL-BREF, but scored separately to the existing 4 domains and 24

facet structure of the generic version. We are compiling New Zealand reference norms for the WHOQOL-BREF but as yet do not have them finalised.

Once you have finished this project and have published to your satisfaction we would appreciate a copy of the anonymous data but with biographical information so that we may use it in the continual updating of national norms.

If you require any other information, please do not hesitate to contact us. Our good wishes for the project and to your student.

Yours sincerely,

Professor D. Rex Billington PhD,

Adjunct Professor of Psychology, Coordinator NZ WHOQOL Group,
School of Public Health and Psychosocial Studies,
Faculty of Health and Environmental Sciences,
AUT University, Auckland, NZ.

Mail code A-12, North Shore Campus | 90 Akoranga Drive, Northcote
Private Bag 92006, Auckland 1142,
NEW ZEALAND

Phone ++64 921 9999 extn: 7586

From: Arindam Basu [mailto:arindam.basu@canterbury.ac.nz]
Sent: Tuesday, 12 May 2015 12:29 p.m.
To: Chris Krageloh
Cc: Rex Billington; Kaibos Mapuranga; Annabel Ahuriri-Driscoll
Subject: Request about using WHOQoL-BREF NZ version for a Master Thesis Project

Dear Professor Billington and Krageloh,

I am writing to you from the University of Canterbury. One of our Master degree students, Kaibos Mapuranga (cc-ed on this email) is proposing to use WHOQoL-BREF NZ version for his Master of Health Sciences thesis investigating association between acculturation and mental health among English speaking Black Zimbabwean immigrants in New Zealand.
We reviewed the Person Centred Research Website and would like to register/receive a copy of the NZ version of the WHOQoL-BREF instrument (and coding guidelines), and we shall abide by the relevant principles, practices, and restrictions of its usage, and norms for publications from our research.

I'd greatly appreciate if you can kindly inform us of what steps do the research team (supervisors+student) need to obtain and register for the copy of NZ version of WHOQoL-BREF.

Kind Regards,

Arin Basu

Arindam Basu
Senior Lecturer
Health Sciences Centre
Health Sciences Assessment Collaboration
University of Canterbury, Private Bag 4800
Christchurch 8140
+64-3-345-8161 (Phone)
+64-3-345-8191 (Fax)
http://www.hsci.canterbury.ac.nz/people/basu.shtml

The questionnaire –
Please read the question, assess your feelings **OVER THE LAST TWO WEEKS** and **circle the number** on the scale for each question that gives the best answer for you.
PART A- Generic Questions

		Very poor	Poor	Neither poor nor good	Good	Very good
1	How would you rate your quality of life?	1	2	3	4	5

		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
2	How satisfied are you with your health?	1	2	3	4	5

The following questions ask about **how much** you have experienced certain things in the **last two weeks**.

		Not at all	A little	A moderate amount	Very much	An extreme amount
3	To what extent do you feel that physical pain prevents you from doing what you need to do?	1	2	3	4	5

4	How much do you need any medical treatment to function in your daily life?	1	2	3	4	5
5	How much do you enjoy life?	1	2	3	4	5
6	To what extent do you feel your life to be meaningful?	1	2	3	4	5
7	How well are you able to concentrate?	1	2	3	4	5
8	How safe do you feel in your daily life?	1	2	3	4	5
9	How healthy is your physical environment?	1	2	3	4	5

The following questions ask about **how completely** you have experienced **or** were able to do certain things in the **last two weeks.** Circle your best answer number.

		Not at all	A little	A moderate amount	Very much	Extremely
10	Do you have enough energy for everyday life?	1	2	3	4	5

		Not at all	A little	A moderate amount	Very much	Extremely
11	Are you able to accept your body appearance?	1	2	3	4	5
12	Have you enough money to meet your needs?	1	2	3	4	5
13	How available to you is the information you need in your day-to-day life?	1	2	3	4	5
14	To what extent do you have the opportunity for leisure activities?	1	2	3	4	5
15	How well are you able to get around physically?	1	2	3	4	5

The following questions ask about **how good or satisfied** you have felt about aspects of your life over the **last t weeks.**

		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
16	How satisfied are you with your sleep?	1	2	3	4	5
17	How satisfied are you with your ability to perform your daily living activities?	1	2	3	4	5
18	How satisfied are you with your capacity for work	1	2	3	4	5
19	How satisfied are you with yourself?	1	2	3	4	5
20	How satisfied are you with your personal relationships?	1	2	3	4	5
21	How satisfied are you with your sex life?	1	2	3	4	5
22	How satisfied are you with the support you get from your friends?	1	2	3	4	5
23	How satisfied are you with the conditions of your living place?	1	2	3	4	5
24	How satisfied are you with your access to health services?	1	2	3	4	5
25	How satisfied are you with your transport?	1	2	3	4	5

The following question refers to **how often** you have felt or experienced certain things in the last two weeks.

		Never	Seldom	Quite often	Very often	Always
26	How often do you have negative feelings such as blue mood, despair, anxiety or depression?	1	2	3	4	5

PART B - National Questions

The following question asks about **how good or satisfied** you have felt about various aspects of your life over the last two weeks.

		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
27	How satisfied are you that you are able to meet the expectations placed on you?	1	2	3	4	5

The following questions ask about **how completely** you have experienced **or** were able to do certain things in the **last two weeks**.

		Not at all	A little	A moderate amount	Very much	Extremely
28	To what extent do you feel respected by others?	1	2	3	4	5
29	To what extent are you able to manage personal difficulties?	1	2	3	4	5

The following questions ask **how much** you have experienced certain things in the **last two weeks.**

		Not at all	A little	A moderate amount	Very much	Extremely
30	To what extent do you have feelings of belonging?	1	2	3	4	5
31	To what extent do you feel you have control over your life?	1	2	3	4	5

7.9 Request to use WHOQoL Bref scoring tools

Actions

To:

Kaibos Mapuranga

Attachments:

(2)Download all attachments

Syntax.SPS (3 KB); NZWHOQOL-BREF domain calc~1.xlsx (1 MB)[Open as Web Page]

Friday, September 16, 2016 2:16 PM

Hi Kaibos

Attached is an SPSS syntax file. This is for the 26-item version. It automatically imputes missing data by rounded mean scores from the remaining items of that domain (as long as at least 50% of the items in that domain had been answered).

I am also attaching an Excel spreadsheet that includes calculation algorithms for the NZ version as well.

Best wishes

Chris

Hi Chris Thank you for getting back to me. If it is possible, may you please send both the SPSS syntax and the Excel algorithms? If it is not possible, we might require the Excel algorithms. Hope to hear from you soon

Kind Regards

Kaibos Mapuranga

Chris Krageloh [chris.krageloh@aut.ac.nz]

Actions

To:

Kaibos Mapuranga

Cc:

Rex Billington [rex.billington@aut.ac.nz]

Wednesday, September 14, 2016 4:23 PM

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Hello Kaibos

Thank you for your email. Do you require a SPSS syntax or Excel algorithms? And are you using the optional national items or the standard 26-item version?

All the best

Chris

Associate Professor Chris Krägeloh

Department of Psychology

School of Public Health and Psychosocial Studies

Faculty of Health and Environmental Studies

Auckland University of Technology

chris.krageloh@aut.ac.nz

From: Kaibos Mapuranga [kaibos.mapuranga@pg.canterbury.ac.nz]

Sent: 09 September 2016 11:18

To: Arindam Basu; Rex Billington

Subject: RE: Request about using WHOQoL-BREF Syntax Files for a Master Thesis Project

Hi Professor Billington

Thank you for allowing me to use the WHOQoL-BREF NZ version for my Masters thesis. The project is at an advanced stage and may I please request the WHOQoL-BREF Syntax Files for automatic computation of the domain scores?

I have also copied this email to my supervisor Dr Arin Basu.

I hope to hear from you soon.

Kind regards

Kaibos Mapuranga

Master Thesis Student

University of Canterbury

01202785959

7.10 Group Interview Questions

\textbf{Group Interview Questions}

I would like to thank you for your willingness to participate in this study. I would like you to read this information sheet about this study and sign the consent form before you answer the survey questions. You may choose not to answer questions that you prefer not to.

In order to understand your migration and acculturation experience, I would like you to:

\begin{enumerate}

\item Start by telling me your experience of migrating to New Zealand, when and the reason for leaving Zimbabwe.

\item What challenges did you face during you first days in New Zealand and how where received by the hosts?

\item If you were finding many challenges, how did this affect you emotionally?

\item What was your experience socially with New Zealanders and people of other cultures already settled in New Zealand?

\item Did you find it easy to obtain (a) work visas…? (b) Residence visa?

\item If this process was difficult, did you feel depressed, guilty of why you migrated or thinking of packing your bags and going back?

\item To what extent do you perceive migration and acculturation as impacting on your mental health?

\item What strategies have you used in order to cope and acculturate in the new environment?

\item Some people may get a job and visas before they migrate, how did you find your first job and did it compare with your qualification and employment you had in Zimbabwe?

\item What crisis or turning point do you remember and what have you learned?

\item To what extend do you feel you now fit in the New Zealand society?

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